S. HRG. 107–540

CHILDREN OF SEPTEMBER 11: THE NEED FOR MENTAL HEALTH SERVICES

HEARING

BEFORE THE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

ON

EXAMINING THE IMPLEMENTATION OF THE NO CHILD LEFT BEHIND ACT (P.L. 107–110), FOCUSING ON THE READING FIRST AND OTHER LITERACY-RELATED PROGRAMS AND STRATEGIES

JUNE 10, 2002

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CHILDREN OF SEPTEMBER 11: THE NEED FOR MENTAL HEALTH SERVICES

MONDAY, JUNE 10, 2002

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, D.C.

The committee met, pursuant to notice, at 9:10 a.m., in the Auditorium, U.S. Customs House, One Bowling Green, New York, NY, Hon. Hillary Clinton presiding.

Present: Senators Clinton and Corzine.

OPENING STATEMENT OF SENATOR CLINTON

Senator CLINTON. The hearing is now called to order, and I thank you all for attending this field hearing of the United States Senate Committee on Health, Education, Labor and Pensions. I am very honored that Chairman Kennedy was so interested in this subject that he authorized this important field hearing on the critical subject of Children and September 11th: The Need for Mental Health Services.

Immediately after September 11th, Senator Kennedy convened a hearing to look at some of the long term mental health problems, and he is very well aware of the needs that we have, particularly here in New York. He was sorry that his schedule did not permit him to actually be here in person, but I wanted personally to thank him. I am, however, delighted that my friend and colleague, Senator Jon Corzine from New Jersey could join me today to look at what we need to do to help our children heal from the wounds left by September 11th. We obviously have to look at this problem comprehensively and to make sure that we have a seamless delivery of services for children in New York and New Jersey, anywhere that children were impacted.

This hearing is the result of many months of hard work and dedication by a group of individuals who have been advising me on the needs of children post-9/11, and before we officially get started I want to thank them. Larry Aber of the National Center on Children and Poverty at Columbia University; Gail Nayowith of the Citizens Committee for Children of New York; Eric Brettschneider of The Agenda for Children Tomorrow; Ruth Massinga and Whitney Williams of the Casey Family Program; Dr. Irwin Redlener of the Children's Health Fund and two of the individuals who will be testifying today, Pam Cantor of the Children's Mental Health Alliance and Dr. Harold Koplewicz of the NYU Child Study Center.

Now, tomorrow we will mark nine months since the day our world was turned upside down and the worlds of many of our children were changed forever. We cannot possibly understand the impact that this has had on families and particularly children, but today we are going to hear from people who have been directly involved.

We know that, for example, the Fire Department has left 600 children behind who lost a parent. Cantor Fitzgerald estimates that 1300 children lost a parent. I know that many of the witnesses here today will speak to those particularly tragic effects on our children.

There were also a large number of children who were in the immediate area of the World Trade Center. They fled to safety led by courageous and heroic teachers, principals, child care providers and others, but they have not been able to flee from the images of that terrible day.

We have other children in our community who were just beginning to regain their own perspective on the world when we had a plane crash in Belle Harbor, Queens. We lost many parents of children left behind in New York City and elsewhere, and of course there have been so many images of that terrible day that have repeatedly played affecting children who were vulnerable to begin with.

In New York, the community has banded together to assist our children. We have had great leadership from Chancellor Levy, who understood the importance of assessing the mental health needs of children and we have had many nonprofit and philanthropic organizations working specifically on this issue. The Afterschool Corporation with funding from The New York Times Neediest Fund started Downtown After 3 to insure that all children in the downtown area had access to afterschool programs. The M&B Donaldson Institute started the Permanency Project to provide support services to children who lost a parent. The Jewish Board of Family and Children's Services has formed a partnership with Herzog Hospital in Jerusalem to learn from one another in order to provide school-based services to help create greater resilience in populations exposed to chronic threats. Each of these organizations have submitted written testimony that will become a record of this hearing.

Today's hearing will focus on three major themes: Experiences of children, parents, schools and professionals who suffered great losses and trauma on September 11th; response of the public sector to mental health needs of both our children and our families; and research and best practices-what are the mental health needs that can be defined and what should we do to meet them.

I hope that the hearing will help to illuminate an understanding about our mental health infrastructure and services available, how we can have a better public understanding, how we can educate parents, teachers and others, how we can improve our intergovernmental coordination to provide comprehensive services, and what we need to do to be prepared in the event of another terrible disaster.

Now I would like to ask my colleague, Senator Corzine, for any opening comments he would like to make.

OPENING STATEMENT OF SENATOR CORZINE

Senator CORZINE. Thank you, Senator Clinton. First of all, I would like to thank you for convening this hearing today on this very special and important topic. There is no one in America who has shown more care and love for America's children as a leader in their behalf for our nation than Hillary Clinton, and I think this is just another statement of your effort to care for America's children.

And I also appreciate Senator Kennedy offering us this opportunity to hold this committee session here in New Jersey and in the New York metropolitan area as we go through this problem. There is no question our lives have changed dramatically since September 11th. This is particularly true for our most vulnerable, our kids. No matter how hard we may try as parents, caretakers, teachers to shelter our children's pain, the world has tragically altered. In fact, terrorism is inherently a psychological phenomenon. That is the intent of terrorism, and to not recognize it in the context of our children I think is very, very mistaken, so I think that is what we are here today to review and study.

While we have been increasingly vigilant to our nation's security needs, we must not lose track of the needs of our kids. The greatness of America is measured not just by the might of the military, but also by the strengths of her communities and the health of her children.

I was very concerned to read the recent report by the New York City Board of Education which showed a significant number of New York City students are suffering symptoms of post traumatic stress disorder, generalized anxiety or depression. This is a critical indicator of the trauma faced by children as a result of the terrorist attacks and it is a clear warning sign of both the ongoing mental health needs of our children and the potential lifelong difficulties that they can face as a result of the trauma. These are warning signs that our nation cannot ignore.

As many of you know, New Jersey lost almost 700 people—fathers, mothers, and loved ones, in the terrorist attack of September 11th. That means that thousands of children in New Jersey as well as in New York are dealing with the loss of a loved one, many suffering silently. I know we will hear later from a teacher at Red Bank Regional High School in Monmouth County, which alone lost 160 people on September 11th.

I am pleased today that we will focus on the special needs of those children that have been directly affected by the attacks. We need to determine if we are doing all we can in Government to help cope with this trauma and we cannot forget the hundreds of thousands of children in New Jersey alone, and many, many more in New York who, while not directly affected by the attacks, have nevertheless been traumatized. They, too, are vulnerable and their needs must also be addressed.

So let me thank the witnesses, the many witnesses that are here, particularly the two from New Jersey; Mary Ellen Salamone from North Caldwell who lost her husband on September 11th and has three beautiful young children. She has worked tirelessly with the

group Families of September 11th and founded Children of September 11th.

I also want to thank Risa Cullinane, who runs the school based health clinic at Red Bank Regional High School in Little Silver, New Jersey, and I, too, want to thank Harold Koplewicz of the NYU Child Study Center. As Senator Clinton knows, I served on the Board of the Child Study Center for a number of years. He is a tremendous leader, a national leader on children's health issues and I look forward to his comments and those of all of the other panelists. You really have insights on a subject that we all care dearly about, and I hope that out of this hearing we may come to some practical suggestions with regard to actions that our nation might take in the context the Homeland Security Department has talked about and with regard to making sure that we have the resources that we need to address this issue in a serious and thoughtful manner so that our children go forward in a better way.

So I congratulate, again, Senator Clinton, thank you very much for having this. There is not a more important issue for our metropolitan region than making sure that our children and their health is attended to, their mental health is attended to after September 11th and I look forward to this hearing.

Thank you.

Senator CLINTON. Thank you very much, Senator Corzine.

In order to provide enough time for each of our witnesses to offer his or her testimony, I will introduce the first panel together and ask each to offer the testimony one right after the other. Each has been given five minutes to present. That is not enough time. One of the problems in these hearings is to make sure we hear from a number of people that have something to say, we must ask them to be brief. It is a great privilege to have all of our witnesses here today and we will certainly include their entire statements in the record. After the witnesses, we will have a chance for questions.

Our first panel will help all of us to understand the children's faces behind the statistics and the studies. Our first witness will be principal Anna Switzer of P.S. 234. She is one of the heroes who led all of her children to safety on September 11th.

She will be followed by Scarlet Taveras, a high school student at the High School for Leadership and Public Service, who along with her classmates found herself running for safety on September 11th.

Mary Ellen Salamone is the mother of three children who was widowed when she lost her husband Don, a Cantor Fitzgerald employee. She has become a very strong compelling voice on behalf of families. She now directs Families of September 11th.

Dr. Kerry Kelly, who is the chief medical officer of the New York Fire Department has been a constant advisor to the Congress, particularly to my office, about what needs to be done to make sure that the needs of firefighters and their families, their children, are taken into account in everything we do, and I thank her for once again being here to help.

Dominick Nigro is a community and school leader from Staten Island. Staten Island was one of the places in the city that was most tragically impacted by September 11th. Hundreds of children lost their parents. Finally, Risa Cullinane is the program director of the

Red Bank Regional High School's Youth Services Program in Little Silver, New Jersey.

So if we could, we will start please with principal Ann Switzer.

STATEMENTS OF ANNA SWITZER, PRINCIPAL, P.S. 234; SCARLET TAVERAS, STUDENT, HIGH SCHOOL FOR LEADERSHIP AND PUBLIC SERVICE; MARY ELLEN SALAMONE, DIRECTOR, FAMILIES OF SEPTEMBER 11; KERRY KELLY, M.D., CHIEF MEDICAL OFFICER, FDNY; DOMINICK NIGRO, DIRECTOR OF PUPIL PERSONNEL SERVICES, DISTRICT 31, STATEN ISLAND; RISA CULLINANE, RED BANK REGIONAL SCHOOL BASED YOUTH SERVICE PROGRAM, RED BANK REGIONAL HIGH SCHOOL, LITTLE SILVER, NJ

Ms. SWITZER. On behalf of the children of P.S. 234 I want to welcome you to New York City and thank you for focusing on the mental health needs of the children in our community.

My name is Anna Switzer and I am the principal of P.S. 234, the closest elementary school to Ground Zero. I believe if you listen to our story, you will understand that we are in dire need of expanding and continuing mental health services for our students.

At 10:30 a.m. on September 11th, my staff, children and I, ran out of our school as smoke and debris rained down upon us. Immediately before that, for a period of two hours, we waited as frantic parents picked up their children one by one. While waiting, we herded both children and adults together, finally ending up in the basement in an effort to find a safe space within our building. As this happened, teachers sang songs, read stories, shut the blinds on the windows facing the Towers and above all, remained calm as alarms went off, lights flickered and the building trembled.

Without benefit of radio or news, we were open to the terrible rumors that were circulating. We knew only that something awful was happening in the place where our children lived, went to school, played in the parks and thought of as home. Finally, at 10:30 on or own without benefit of police or any security, we decided we had to leave and walked our remaining children two and a half miles north to P.S. 41. Most of us managed to get out just as the second tower collapsed and smoke turned our day into night. In total darkness our youngest children and their teachers were told to run for their lives. The remaining few of us watched them disappear into the black opaque cloud. Those fleeing turned around to see the rest of us pushed back into blackness, having no idea what befell us or whether there was even a school still standing. Worse were the other horrific scenes that too many children witnessed that day as they fled from the towers.

It was one of our children that uttered that now famous line, "Look, the birds are on fire." The truth of what he was seeing was too awful to understand.

Eventually, miraculously, we managed to find refuge. Over the longest hours imaginable, we waited for our families to safely claim their children. Thanks to the teachers, 8,000 school children were safely evacuated that day from downtown New York schools.

We did not realize that this was the beginning of an odyssey that would take over six months. For our school community, this crisis has lasted well beyond the 11th. Our families, many of them un-

able to return to their homes, began to rely on the idea of our school as a safe haven and the community's glue. We only slowly understood just how long and how complicated it was going to be simply to go back to our building.

What saved us during this year was our relationship we had with our extraordinary school psychologist, Dr. Bruce Arnold, and the services he was able to provide for us. Bruce, the teachers, parents and I had worked together for ten years helping our children and families in need. We had a very strong relationship of mutual trust and respect. Bruce arrived on the 11th and has stayed close ever since, working with our teachers, a counselor and parents, he gave us the tools which enabled us to help our children. Through weekly parent meetings, almost daily teacher meetings, support groups, surveys, letters, he and the counselor supported our 600 children and families through the difficult times that were yet to come.

For many months we were out the anchor of our community, our school building. Exhausted and anxious, we set school up for 600 children again and again. Our first new school, P.S. 41 was welcoming, but already at capacity. As many as 90 of our kids were in one room without benefit of cafeteria, gym or yard. After four weeks we moved to our next home, an abandoned parochial school. The Board of Education was Herculean in its efforts to get it ready for us, but, once again, the task of making it ready for a school was primarily the job of an unflagging, increasingly-tired staff and dedicated parent body.

We stayed at St. Bernard's for four months. We found we had additional challenges to meet and I found I spent the next four months as principal wearing the ever-changing hats of negotiator, counselor, general contractor, goods purveyor, mover, designer and even upon occasion educator.

It was our constant worry that our community would fragment or fall apart on the issue of our return. Who could assure us our beloved 234 was a safe place for children to be? Did each of us have to become an expert in asbestos, lead and dioxide poisoning? Again, thanks to Dr. Arnold, we found a way to build consensus, allay fears and return home.

Our return on February 4th was the highlight of our year. The joy was palpable. Unfortunately, it is become increasingly clear that merely wanting the normalcy of our lives is not enough to make it happen. We collectively experience the shock of a loud noise, a plane too low, a sudden announcement over the loudspeaker. We hear about kids' nightmares, their unwillingness to go to large public places, their avoidance of the subway, their fears of flying. Two weeks ago we found ourselves unwilling to go on our annual field day. We canceled all our subway trips for the rest of the year. In announcing this, we found ourselves thrust right back into the fears and terror of September 11th.

In school, many of our children appear to be coping. However, in our own surveys 30 percent of our kids are asking for additional support. They are very worried about their fears for the upcoming year. The communities are suffering, families are not doing well. At meetings in this charged atmosphere, parents and teachers are looking for guidance about how to relieve the stress and tension

and how to help their kids. I hear parents who are unwilling to allow their kids to go two blocks to the movies, accompanied by their grandparents because of fear of being separated. I know families that have mock fire drills and escape routes at home to settle their children's fears.

My kids write about the 11th when they do their summer essays for camp. Before the 11th, Tribeca was a small village; everyone knew each other. The children were always safe. This was a result of pioneer New Yorkers willing to settle downtown and actively pursuing urban life. I had the privilege of watching the neighborhood grow its first library, soccer league and even the first coffee shop.

In the shadow of so many tall buildings, a residential Mecca was created. Our community and children and adults alike need to learn how to regain our Mecca and the productivity of their lives. Our children and families have the right to grow up whole and go through their daily tasks without fear.

Please know at this time I have no commitment of funds for mental health services for the fall. Thank you for listening. Thank you for your efforts in supporting us and thank you for your efforts in securing financial assistance for us and I am happy to answer any questions that you have.

Senator CLINTON. Thank you very much.

Ms. Taveras?

Ms. TAVERAS. Good morning, Senator Clinton, Senator Corzine. Thank you for the opportunity to testify on behalf of all New York City students.

My name is Scarlet Taveras. I am a student at the High School for Leadership and Public services. The World Trade Center concourse was our place to hang out. We had a beautiful view from our classroom and just being down here made us feel great.

On September 11th everything changed. The downtown area, known for its beauty and economic status as well as its level of safety became a very dark and scary place. Seeing the Towers in flames, buildings collapsing, people running, crying, bleeding, vomiting, dying and giving birth is more than I or anyone should be asked to handle.

The events of the last nine months have not been easy for New York City children and young adults. The effect of being attacked by air and anthrax and seeing planes fall accidentally have caused us to now experience what we now refer to as post traumatic stress disorder. The lives of many of us have been changed dramatically. One of my friends has moved from a high-rise apartment where she lived on the 17th floor to an apartment on the first floor because the sound of airplanes on the high floors terrorized her every moment. I have seen students go from an A average to a C average.

Many students are going through major depression and cannot perform at school or home yet we are required to maintain the same academic standards in school. Many are able to overcome, but there are more who cannot. Are we considered failures?

Students at my school, including myself, have seen an increase in anger and aggressive outbursts. Sleepless nights are the norm. Sleeping instead means we have nightmares, so we find solace on

the Internet where we are able to continue communicating with each other, sometimes many hours into the night, which then makes it difficult to wake up in the morning and get to school on time. Some call it irresponsible, but that is how we cope.

Does anybody care? Are we considered important? What else can we do when we cannot sleep? The worst is when some of our peers avoid the situation and say they are all right when they are not. What about our concerns about the air quality? I know we hear everything is okay, but what about ten years from now? Will anyone listen then?

Leadership and Public Service is a great school helping students cope with the events. Some of our students have participated in the Environmental Civics Club where they planted trees and flowers in our local city parks as a sign of rebirth. Many companies have supported us by donating things such as books and computers. Local flower shops donated plants in order to make our school feel more pleasant and to insure clean air. We felt the need to give back, so we started a knitting club and donated the garments we made to those less fortunate than us in homeless shelters. These activities helped us greatly, but we still need more.

We would like chiropractors to help relieve our stress, more knitting supplies, more counselors to talk to, more artistic activities for students to express themselves and relieve their anxieties. Adults around Ground Zero are not the only ones affected. All students and teachers need help and services.

There were many heroes that day, but the news has not shown the teachers who took us home, the students handing out towels to the ashen refugees, our principal who evacuated us quickly and safely. There are many campaigns to help the families of firemen. Please do not forget the survivors who struggle every time a plane flies buy.

I am happy to answer any questions.

Senator CLINTON. Thank you very much.

Mary Ellen Salamone?

Ms. SALAMONE. Good morning, Senators. My name is Mary Ellen Salamone and I am from North Caldwell, NJ. On September 11th my husband was killed when Tower One of the World Trade Center collapsed. He worked on the 104th floor for Cantor Fitzgerald. John was daddy to our three beautiful children; our two sons, aged 6 and 5, and our daughter who is 3. That is the hardest part for me to get through.

Thank you, Senator Clinton, and Senator Corzine for the honor of participating in this panel. I hope to call attention to some of the issues and challenges facing our children that are of great concern to us as parents.

I am a director of the organization called Families of September 11th. We have launched an initiative entitled Children of September 11th and have been meeting with parents, schools, outreach programs and charitable organizations in an effort to aid children affected by the attacks. As a group who has family members in over 40 states we must aggressively stress that while although this metropolitan area indeed sustained the greatest loss of life, there are children all over this nation suffering from the loss of a parent on September 11th.

Abundant attention and money is being dedicated to areas hardest hit, so to speak. Despite living in West Essex, a community of six neighboring towns where a great number of residents work in New York, my children are the only ones who lost a parent. Certainly they along with a two-year-old boy in Massachusetts and the teenager in California deserve the benefits of all services and programs offered to aid children effected by the attacks.

It is becoming clear to all that post traumatic symptoms seem worse for the children now left behind. Grief over the loss of their parent is exacerbated and prolonged due to the violent nature of the cause of death and the persistent media attention. While it is important for our nation to remember these tragic events, incessant focus on the death and destruction forces our children to relive September 11th every day. They need to be able to take a step forward. Our children need it to finally be September 12th.

So how do we help them heal? Besides working with purveyors of the media to curtail the repeated broadcasts of the attacks, which I stress, we must find what is effective to reach as many children as possible. Traditional models of grief and counseling are simply not working. Input we have received consistently reports that families with children are not taking advantage of available counseling services. Many factors contribute to this reality, including time constraints, the stigma of mental health counseling and grief overload. Many newly widowed parents are still engulfed in their own grief, rendering them unable to handle the commitment of counseling intervention for their children and many kids just do not want to go.

So if traditional modalities are not effective, then we need to be inventive. Programs must be developed which are interesting to children, yet convenient for parents, and outreach in this instance is essential. A lot of the outreach programs we have spoken to have said that there are federal monies available to them, but have restrictions on the outreach that they are allowed to do to families. Many parents have not necessarily sought the services of a social worker, but have spoken to and accepted services from case workers coming to their home.

I can tell you what is not effective in an outreach program and that is the introduction of an individual without adequate experience or with less knowledge of available services than the parent already possesses. This has been a huge error committed by many well-intended post-9/11 programs and has served only to alienate families further.

Outreach should also be an essential component of services offered by our children's schools. School systems need to realize the fragile state of many parents and they should take the initiative to establish frequent contact with families, to share information on the well-being of children, both at home and at school. Otherwise, it is likely both parents and teachers will assume that all is okay, when in fact we have children that are suffering.

If families remain hesitant to pursue direct services, then we must pursue indirect intervention. It is counterproductive on any level to have a guidance counselor or crisis intervention specialist in schools or programs that families are choosing to avoid. It is necessary that children traumatized by September 11th be handled

with sensitivity by all those who come in contact with them on a daily basis. Symptoms of grief and traumatic stress do not necessarily surface in a child when a counselor is present, nor do they fade when a counselor is unavailable.

Traumatic loss education and crisis intervention training should be offered and even required for all those responsible for the care of children in schools or day care facilities. How daily situations are handled will either cause or correct the problems our children face every day. In-service education to teachers, day care aides, coaches and even parents is a necessary component of any plan to help heal our children.

Another area of special concern for parents is how September 11th, 2002 will be addressed in schools. In consideration of all the studies that demonstrate that symptoms of traumatic stress increase with repeated exposure to the triggering event, the mental health community, our Government and schools must work collaboratively to issue guidelines for all schools planning remembrance events and parents must certainly be given an opportunity to know of these plans beforehand so they may make an informed decision as to whether or not to send their children to school that day.

There are many other children falling through the cracks, such as children with special needs who lost a parents in the attacks. Raising a physically or emotionally challenged child is a difficult task for a two-parent home and simply overwhelming for a newly widowed single parent. Many 9/11 families with children with special needs fall above income requirements for State sponsored services, yet they do not fall within the guidelines for additional assistance from charitable organizations. Scholarships have been developed for college educations, but there is no assistance currently available for additional uncovered services a challenged child might require. Children with attention deficit disorder and other disabilities who have lost a parent are faring poorly in school, yet there is no increase in supplemental services. We as an organization cannot stress enough that the needs of all children suffering from September 11th be fairly and adequately addressed regardless of location, language or ability.

This hearing and this panel is a step in the right direction and I am so honored to have an opportunity to participate. I believe the needs of our children must be addressed without delay. The terrorists have already stolen the life of their parent or loved one, their security and their innocence. If we leave them unattended, the terrorists will have destroyed their chance at a productive future as well.

We are not going to get a second chance to do this right. Thank you.

Senator CLINTON. Thank you very much.

Dr. Kelly?

Dr. KELLY. Good morning and thank you for the opportunity to appear before this committee today. I want to thank Senator Clinton for all her efforts in the past and her continuing interest in our Department.

As Chief Medical Officer of the New York City Fire Department, I witnessed the devastation and human tragedy on September 11th. When faced with the loss of 343 members, we well under-

stood that this tragedy would take a severe emotional toll on our entire Department. The men we lost that day were fathers, sons, brothers and friends and they left behind over 600 children, some just born.

In the days and months that followed, our surviving members continued to remain committed to the rescue and recovery efforts, working tirelessly to bring home their fellow members and the thousands of innocent victims of the attacks. In testimony before the Senate less than a week after the disaster, I explained our need for funding to provide crucial counseling services to our members and their families.

Today I would like to describe how we address these issues over the past nine months and what challenges lay ahead for our department. Through funding and assistance from various agencies and organizations, we have been able to establish a network of counseling and family assistance services. The designation of the FDNY Counseling Services Unit as a participant in Project Liberty was key in getting us the funds we needed.

With this funding, our counseling services unit under the direction of Malachy Corrigan has expanded its staff and developed new sites. In addition, funding from the Silver Shield Foundation has insured that every child of a deceased New York City firefighter, police officer, EMT and Port Authority police officer can be evaluated and treated through the NYU Child Study Program with Dr. Robin Goodman.

We have also received assistance from renowned experts in the field of childhood bereavement and family counseling services, including Dr. Cynthia Pfeiffer from the New York Cornell Weill Medical Center and Dr. Grace Christ from Columbia University's Family Bereavement Program. They have been providing assessments and counseling services and will continue to serve our bereaved families in the months and years to come.

Clearly, the needs of families change as time goes on and the impact of this event on a child of two months or a year will not be felt at this moment, but will be felt differently as time goes on. Funding from the Fallen Firefighters Foundation has enabled us to send our families a bimonthly counseling publication called "The Link" which provides ongoing counseling information. The foundation has also funded special programs for our families and continued education for our counselors and family liaisons. These family liaisons are firefighters who voluntarily help the families of the bereaved with practical concerns.

In November, our Fire Department established a family assistance unit with its own Assistant Commissioner to help coordinate resources for our affected families. This unit provides assistance wherever possible to families of missing, deceased and active members and has developed a monthly newsletter for families that contains information about events, services and resources available to them. With the support of FEMA, the New York State Office of Mental Health and the New York City Department of Mental Health, we have also established programs in the communities where our members and their families live. Every member of our Department has received a letter sent to their home, outlining available counseling resources. We are expanding our efforts with

a program called "The Other Side of the Firehouse." This will address the needs of spouses and with the funding from the United Way we have developed a booklet called "Helping America Cope," which will serve as a tool to guide our families as they help their children cope with the tragedy. This booklet has information for parents side by side with activities for children that are designed to help them explore their feelings about the attack.

Obviously, our surviving members, over 16,000 in number, have been deeply affected by this event. For every firefighter and EMT there is a family waiting at home wondering if their loved one will return home safely. In the post 9/11 world, the families of uniformed workers face new fears and have even deeper concerns for their safety. They have seen the haunted look of their loved ones after days of working tirelessly at the site. Children have witnessed their mothers and fathers standing on lines, saluting their fallen friends and they will forever have the terrifying images from that infamous day in mind.

Our health services and counseling units have been meeting with experts from prior tragedies to better understand the needs of our members and their families after this tragedy. These experts include Dr. John Schorr, Dr. Betty Pfefferbaum and Dr. Carol North from the Oklahoma City Research Project, as well as Dr. Francis Murphy and Dr. Terry Keane from the Veterans Administration. They have helped us shape a behavioral health survey that will be given to all our members in the next month. This survey will help us to continue to assess the needs of individuals and the department as a whole.

Clearly, the Fire Department's recovery will be an ongoing and lengthy process. The strengths and resilience of our members has been extraordinary so far, providing inspiring role models for the youngsters. Our members' mental and physical health is critical to the successful rebuilding of this Department and it is equally critical that we not forget the children and families that nurture these members at home. We must continue to support these families in every way possible.

I would like to thank you for this opportunity to present this information and I would be happy to answer any questions.

Senator CLINTON. Thank you very much, Dr. Kelly.

Mr. Nigro?

Mr. NIGRO. Thank you for the opportunity to be here today. We all have a story about September 11th, 2001; where we were, with whom, how we felt, what we wished we could do. We all remember the weeks after the tragedy, how we would greet friends and associates, tentatively; "Is your family okay?" These were our experiences as adults, but what were the experiences of children? This is a question we constantly ask teachers, parents and children themselves. Consistently the answer includes uncertainty, fear, sadness, anxiety, pessimism and isolation.

I was asked to come here today to speak about the initiatives that Community School District 31 has developed to address the mental health needs that precipitated from the World Trade Center disaster. Community School District 31 encompasses the whole borough of Staten Island. It is the largest School District in New York City and it is the second largest School District in New York State.

Presently we have 43,719 students, as of Friday. The borough of Staten Island has 5 percent of New York City's population, yet on September 11th, 28 percent of the firefighters and police officers that lost their lives were residents of this borough. 285 of our students sustained the loss of a family member or loved one. 54 staff members also sustained a similar loss. At one middle school, six boys lost their fathers. At one elementary school, 28 children suffered a direct loss.

As you can see, our School District is hurting. These statistics, however, do not take into account the other 43,434 students, many of whom are struggling in a post-9/11 world, with the security consciousness that has underlying fear and anxiety. This was made very clear to me when I granted permission for a five-year-old kindergarten girl to change her school. She was fearful that an airplane was going to crash into her school, it was four stories tall. We transferred her to a single story building.

Her fears were compounded by her concern for her father, who is a firefighter. We have seen from the art work, and I brought some of the art work that is around here today, we see it in the art work of a second grade boy who writes on his art work in March, late March, six months after the attack and I quote: "I dreamed I fell off a building. Other people were on the building. Someone was coming to save me and the people. She saved the people. She was going to save me last, but I fell off the building."

We have many such students. It is our mission to help our children, parents and staff deal with the many emotional and social concerns that we now face.

Our approach to assist all students was supported by the recent study completed by Applied Research and Consulting and as I heard some of the witnesses say before me, and I think it is very important, it is our challenge to walk that fine line between overwhelming families with services, versus not providing adequate services to meet their needs.

So what have we done?

Our first concern on September 11th was that some students would come home to empty homes, so we developed a strategy to insure that all students were released to a family member. We set up two holding areas for students who were not picked up at school or at bus stops. Their safety was our primary concern. Fortunately, by 7:00 all students were appropriately released. But this was only the beginning. We knew that any strategy that we had planned would to have included interventions for students, parents and staff, and we knew this from our work confronting individual crisis. However, twelve members of the District's crisis team would not go far in addressing the needs of fifty schools.

Our approach was divided into three phases. This enabled us to assist children and families in a variety of ways. Phase one began on September 12th when an assortment of crisis management resources were developed and distributed to our schools. These materials also provided direction to each school, as to how to assist students in understanding the confusion surrounding the disaster. Schools were instructed to use these materials to develop strategies that would address the needs of the children. School teams first developed a plan of action to assist all students and enable a plan to

assist individual students who expressed a greater need. These schools developed age appropriate lesson plans, met with staff members and designated a crisis room for those students who needed counseling that day.

But on September 13th, Staten Island's problems were compounded by a lockdown of the borough due to a report that police were pursuing a terrorist that had entered Staten Island via one of the three New Jersey bridges. This proved to be false, but further inculcated fear and anxiety into our families. 28 percent of our students attended school that day. Normally 93 percent of our students are in attendance.

During October, phase 2 of the District's plan was implemented in which we partnered with local mental health community-based agencies. Mental health professionals from these agencies were available to discuss any concerns that parents and staff members may have had with respect to their children or any other family member. A plan was formed and a schedule developed so parents and teachers could meet with the phase 2 professionals in a designated space within the school building. Referrals were made to appropriate resources for those students that needed further assistance. Materials and resources were made available with our partnership with the Educators for Social Responsibility and through our own District's media library.

Phase 3 of the District's response is called Project Cope. This was made possible through a federal serve grant. Project Cope is composed of ten intermediate school guidance counselors who are responsible for counseling all those children who suffer indirect loss in the corresponding elementary schools. Project Cope counselors receive crisis management training and were given the resources necessary to respond to the tragedy. These counselors began reaching out to their assigned schools in early January. The Project Cope counselors contacted those students who suffered a loss, but first they reached out to their families. By February, the counselors updated the District database to reflect the number of students in our district that sustained direct losses and that was the number I gave you before. Project Cope, of course, is ongoing.

The Office of Student Services within District 31 has been in contact with a number of organizations throughout the country that were eager to assist the District's students. Organization and school districts donated the following items which were distributed to our children: 16,000 teddy bears, art supplies, musical instruments, gift packages, survival kits, professional sports and theater event tickets.

Finally, we recently received a grant from The New York Times Foundation to assist our students in the aftermath of the World Trade Center disaster, because there were limitations on some of the ways we could use the existing funding. The funding from The New York Times will enable us to provide academic support and tutoring for those students who suffered a direct loss and have shown an academic decline compared to past years, and in addition to that, to prepare our teachers for the opening of school, we have contracted with a production company to develop a bereavement video that specifically is designed around the World Trade Center disaster. It will be shown to all of our staff members prior to the

arrival of students in September, and it will help them to impart some of the skills that are needed for dealing with the anniversary.

As you can see, we have attempted to address as many issues as we can with limited resources. The public has demonstrated a generosity that is beyond anything I could have ever imagined. Unfortunately, at a time when identification budgets are being cut nationwide, our School District is lacking the additional resources to effectively confront the unmet mental health needs that our students have developed as a result of the World Trade Center disaster.

The anniversary of September 11th occurs five days into the new school year. Our challenge is to provide all of our students with the emotional, social and academic support that will insure that they are not revictimized by our failure to do so. This support will enable them to simply be children, not citizens anxious or fearful about every passing airplane or stranger.

The message that we are trying to impart to our students is one of hope. Giving a sense that as the anniversary of September 11th approaches, the situation is different. But we are a stronger and more caring community as a result.

One of our second graders expresses this message of hope in a poem called Spring and I would like to quote it now.

"Spring—"

"The sun comes out, so let's all shout. The flowers bloom, so you have to make room. You can sing a tune and get ready for June. Spring has arrived, and you do not have to hide."

Thank you.

Senator CLINTON. Thank you very much, Mr. Nigro.

And our final witness on this panel, Miss Cullinane, welcome.

Ms. CULLINANE. Good morning. My name is Risa Cullinane and I am program director of our school-based clinic, The Source, at Red Bank Regional High School in Little Silver, NJ.

I am pleased to be here today to talk about our school's response to 9/11. I would first like to recognize my colleague Mr. John Avella, who is here with me today. He's been our co-leader in our program crisis intervention implementation and development.

Immediately following the World Trade Center crisis, children began streaming into our office. There were those who were directly impacted and those who suffered the secondary trauma of the event. Approximately thirty students suffered direct losses; a parent, sibling or other family member. The numbers were not immediately apparent.

We moved rapidly in our attempts to triage the students according to their needs. We debriefed over 170 students in total in the days following the tragedy. More than 100 of those were students suffering from secondary fallout, traumatized by the event on some level, although not suffering direct impact.

The focus of my presentation is to elaborate on the application of critical incident stress debriefing in the school setting and to give concrete examples of how this model has continually been utilized as a needs assessment tool in our school. We adapted our existing skills to the unique demands of trauma and disaster response in the school-aged population.

Red Bank Regional High School is comprised of three diverse sending districts. Local school districts can send their children to Red Bank Regional and we have several academies, including the Academy of Performing Arts and Information Technology. Prior to September 11th our school had a small crisis team in place, a diversity program and school-based counseling center. We had a crisis team consisting of twenty school employees trained in the critical incident response model and a District-wide policy had been implemented.

We also had a pre-existing diversity program. In response to the World Trade Center events, our team implemented the following: We designed debriefing groups based on the impact of the crisis. We provided triage to students in need. We organized groups for students who were potential targets for bias crime. We had faculty meetings based on the NOVA and FEMA models. We sent letters home to parents to inform them of the services that we had both at our school and in the community. We gave our supplemental readings to our staff, families and students. We requested assistance from our local community agencies, including our churches, our mental health agencies and local funeral homes. Donations were solicited for families in need.

We provided memorialization activities to provide closure for students and staff. One of the main reasons our crisis response was so effective was we had a school-based program in place. This program, known as The Source, is a haven for our students. We offer all forms of counseling, preventive health care, job coaching and recreational opportunities, all free of charge to all students and their families. There is no stigma and the program is well recognized by our students and our staff.

On the day of the World Trade Center crisis, and during the weeks following the event, The Source was a place where kids knew they could receive care, counseling and help coping with the tragedy. Being a fixture at our high school, we were there every day for all kids affected directly or indirectly by this and by other types of trauma. Additionally, in the aftermath of 9/11 I applied for a grant from the New Jersey Department of Ed and this grant award which we received allowed us to implement the following services for our affected students and staff:

We were able to train an additional 60 staff members and community members in crisis response. We were able to implement a crisis and antibias reduction plan. We were able to expand our diversity training to include students and we were able to provide continued counseling services for more than 170 students. Our staff worked diligently to meet our students' needs in the aftermath of the World Trade Center crisis and in doing so, we developed several hands-on programs and we did so involving our students. We had a student drama troupe, we did an art therapy program, we did the diversity training for our kids. We had reading/writing workshops conducted by local authors and we implemented a Tai Chi anger management program.

I would like to take a moment to recognize a very special program developed by the students in our high school facilitated by my colleague John Avella. This program, called Teens for Teens, is a peer support group for students throughout Monmouth County

who have suffered a direct loss. It is a support activities program seeking to provide some degree of normalcy in our abnormal times. Some activities included assisting parents who lost a spouse in the World Trade Center and implementing a Big Brother/Big Sister program for younger children who lost a parent.

I believe it is critical to acknowledge those teens who have suffered indirect losses as well. The nature of adolescence is such that throughout the teen years children may experience several types of trauma. Any event which threatens their security may awaken repressed trauma. These teens are at high risk for post traumatic type reactions, including depression, anxiety and substance abuse.

The counseling staff at Red Bank Regional is dedicated to providing all possible services for our students and our families. We are proud of our students our staff and the response of our community leaders in the face of tragedy.

We live in a time of diminishing community resources and continuing uncertainty. Our commitment to provide followup services for all our affected youth must remain strong.

Thank you.

Senator CLINTON. Thank you very, very much. I want to thank the entire panel. Senator Corzine, do you have any questions you would like to address to the panel?

Senator CORZINE. First of all, I thank all the panelists again for the specific comments. There is a lot of courage and incredible effort on people's part.

I do have some questions. I would like to ask Ms. Salamone, you mentioned the media coverage and concern about its effects. This is not only to you, but other panelists you have worked with, how serious a problem is this? We have seen a number of quite highly publicized television programs and other events that have brought forth issues. Is this a recurring issue, is it something that is a concern among the community of the grieving?

Ms. SALAMONE. It is a huge concern in the community, and I think I can illustrate it best by giving you an example of how the persistent media coverage affects the children directly affected. I as a parent obviously do not choose to have my children, I cannot watch coverage of the events and I do not choose to have my children relive it by watching it. My son came home from school one day in tears, saying that one—he says one of the students in his class—please do not write this in any of the papers—one of the students in his class had come up to him and said, "They are only finding body parts at the World Trade Center and they are putting them in garbage bags. Do you think that that is where your daddy is?"

When we found my husband in April and we buried him, my son went to school and did not say a word about it to anybody. When I asked him why he would not tell anybody, he said, "Because the kids all they want to know is what bones they found and I do not think that is what I want to talk about, about my dad."

Whether or not parents are letting children watch coverage of the events and what is on TV all the time, by having adults watching it all the time, it is always a topic of conversation, and no matter where we go and what we do, you cannot escape dramatic portrayals, either in the paper, in pictures, verbally. We were at the

diner on Saturday and the people behind us were taking about the latest recovery of body parts they found even though the Trade Center had shut and I was there with my three children.

I understand that this is news and that it has to be covered, but there has to be at some point some sort of line that is drawn between covering the events and blasting it on the front page of the paper all the time. There could be on the news a recording of the events and in the background is the picture over and over again of the plane going into the buildings and the fire and the towers and as this poor student here was talking about, I mean, it is not just my kids who have to relive this every time they see it because they lost their father, there are other students that have to relive it that actually saw it themselves.

It is a big problem. Our organization has been trying to work with the media and making sure that if they are going to be showing shows that are portraying very realistic depictions of the event, that there is some kind of warning prior to showing that, so that families can make a judgment whether or not they want their students to watch that.

You see it all the time. "Please be aware that you might want to change your channel." They do it for election results. If you do not want to know, do not watch this until it is all over. And the media has basically said, no. It is freedom of speech and this is our right to do it, and I was speaking to Senator Clinton before, the media has never really had to self-edit themselves before and that is what they say, we have never had to do this before, but something like September 11th has never happened in our country before and certainly the magnitude of this disaster is like no other and they compare it to no other loss on our soil since the Civil War and certainly we can handle it differently, I think.

I think persistent, and I am sure a psychologist can say that persistent media coverage forces our children to stay in the day that it happened and it does not let them move beyond that.

Senator CORZINE. Does anyone else want to comment from their own experiences?

In addition to the children who sustained a direct loss, as she pointed out, the issue is there for all of the children, because they are extremely security conscious. We have the Brooklyn Bridge that closed a few weeks ago, some of our school trips were canceled. So the general student population in addition to those who sustained a direct loss is also bombarded in the media constantly.

We come to school with lots of questions, lots of fears and lots of concerns. I agree wholeheartedly.

Ms. SWITZER. Could I just add to that? What is so interesting on the 11th is that as families were taking their kids and fleeing, large numbers of families sat on the street and watched the event, and we would go out and tell families to take their kids home. My point is that in some ways it was so compelling, these images are so compelling, that it was hard for the families to filter out what kids should or should not be seeing and I think that you cannot always depend on what the media could do, but what we can possibly do is provide guidelines for parents and really be proactive about what parents should be encouraging their kids to look at and what they should not be encouraging them to look at, because for

many parents it took them weeks to turn CNN off and there were their kids watching it, and it was hard. So I think if we could really explain to parents and give them guidelines for what is going to happen, that would help with the anniversary.

Senator CORZINE. There were a number of specific suggestions that I think get translated potentially into public policy initiatives. Dr. Kelly talked about a family assistance unit. How do we go about knowing, from your view, how effective these particular programs are, because we also heard sometimes about responses that have interefered with families, I am not talking about the family assistance unit, but there were people who were well meaning but not necessarily delivering efforts that were actually solving or at least helping aid in the problem? How do we develop the checks and balances, the accountability to make sure that our initiatives are operating effectively?

Dr. KELLY. Well, some of our programs were in place to begin with, because the nature of our job has always been one of danger. In a given year we often have between, we average between three and five deaths, so that unfortunately we have had experience with violent and sudden deaths of our members, so that some of the resources that were in place were pre-existing because of that. What we found after this event is there was such a tremendous need on so many different levels to take care of this, that the family assistance unit was a response to problems of communication, of bringing information to so many different people.

Clearly one of the problems is really what you outlined, that families at different times are ready for assistance and we see this with our members or surviving members, that some people were ready to talk and needed assistance on September 12th and others are just now reaching out for help. The closure of the site has brought forth more people who need assistance and are looking for help, so I think our focus needs to be on long term, putting things into place that remain and stay available for people, and offering people a variety of resources, bringing those resources to the communities and helping the individual schools develop programs, because we ran into similar problems where some of the children who went to school had questions or comments made about body parts to them also and that is been an ongoing problem.

Senator CLINTON. Well, thank you. I just want to ask each of you to give us your top priority for us to follow up with, because I have heard several different things, both from Ms. Switzer and from Mr. Nigro. I have heard that you do not yet know if you have got any resources in place for next school year and that has to be a priority. If we could just quickly go down the panel and have each of you summarize what your top priorities are, especially in terms of what you think could be provided to assist you in dealing with the issues that you confront. Ms. Switzer?

Ms. SWITZER. I think you said it, we want to have assurance that we can continue our program. I also want to put a piece in about the teachers. I do not know if anyone has thought about what kind of services teachers might want to enable them to help themselves as well as the children.

Senator CLINTON. Scarlet, I have heard Ms. Cullinane refer to a Teens for Teens program. Is that something that might be helpful with you and your friends?

Ms. TAVERAS. Actually, yeah. What we would like is more people to talk to. Because despite the fact there are some people, counselors, it is hard for teenagers and young children in my experience to open up to people, this might sound wrong, but elderly, more younger people to talk to kind of like to open up.

Senator CLINTON. Well, maybe one of the things we can work on is getting a better idea of how the Teens for Teens program works in the Red Bank High School and see if there are some models that we could use right here. Ms. Salamone.

Ms. SALAMONE. I think because the magnitude of this disaster encompassed so many people, that it is easier to set up programs where there are so many people that are directly affected and more difficult where there is very few. I think outreach and education would be my most important issues I would think. Outreach to families who are at any stage of bereavement right know and coping and education, I think it is very important that not just counselors are trained, because there are a magnitude of people who deal with these children, all children every day and they all have to have some kind of training and crisis intervention knowledge to be able to handle these children. From the simple thing of a student who lost a parent who cannot cope with the national anthem being sung in his classroom. I think training is extremely important.

Senator CLINTON. I think that is absolutely right, and I especially like what you said in your testimony about training for all those daily situations that come up that people need to know how to respond to.

Dr. Kelly?

Dr. KELLY. Our challenge is I think to get continued resources for our members who are survivors and who continue to go about the work that they do as first responders facing continued possible terrorist attack, and helping their families, so The Other Side of the Firehouse, which is the program we developed needs to be expanded, as well as continued education for both the spouses and the children.

Senator CLINTON. I really want to underscore that, because clearly with the increased emphasis on preparedness and homeland security our front line soldiers, who are our fire, police, emergency first responders, are going to be expected to do a lot, and if we do not have these programs in place, it is not only going to be difficult on them, but as you so aptly said, the other side of the firehouse is also going to be under a lot of stress, so we need to focus on that.

Mr. NIGRO. Senator Clinton, of course we would like to know what the resources are for next year so we can plan to address the unmet needs, mental health needs of our children. One of the things I would like to get across is that we need some flexibility. When I met with different people to try to come up with a mechanism to try to address the academic needs of those children who showed a decline in academic performance, I had to go to the Foundation, The New York Times Foundation who were able to fund that, but most of the other State and Federal agencies did not have

that in their description, so we felt that was an important ingredient, which ties in, Senator Corzine, to your statement, how do we monitor, and how do we evaluate a program.

For us we monitor attendance, improvement or decline, we also monitor improvement or decline in academic performance and that is one way that we can gauge what those kids need in those two areas.

The other thing I think is important is some kind of coordination. There are a lot of people out there, well-intentioned with lots and lots of resources. We need coordination, otherwise we will be stepping over each other, and I do not think that helps anyone, and we need do not have the kind of dollars that we can afford that.

Finally, I would like to say, as I mentioned, we gave out 16,000 teddy Bears and loads and loads of gifts from across the country. That is stopping now. And what we have to be cognizant is what the needs of these kids are emotionally, we have to come up with some kind of master plan that follows these kids emotionally, because a teddy bear only lasts so long. So I would like to leave you with that.

Senator CLINTON. Thank you very much. Ms. Cullinane?

Ms. CULLINANE. I think the most important lesson we learned at Red Bank is we need to have something in place into adults' conversations, the anxiety level increases and we need to make this just a part of the daily lives of our children, so that they can go someplace and talk to somebody, a parent can find the resources that is needed of teachers feeling well trained. So these posters that are up here were part of an effort to begin that process, and we want to build on that and your suggestions will be very helpful as we do that.

So let me thank you very much for being here and I look forward to continuing, as I have been privileged to do already for some of you, our work is being moved forward.

Senator CORZINE. Thank you all. You were so helpful.

[Applause.]

Senator CLINTON. I would like to go ahead and invite our second panel to quickly come up and we can begin as soon as they are in place. The first panel had so many compelling stories and recommendations, that we obviously have gone over the time, but I think it was certainly well worth it and very important.

As the second panel gets set up, I want to acknowledge New York City Council Member Alan Gerson. Alan, thank you very much for being here. Alan represents downtown and has been a great partner in our efforts to improve air quality. I thank Alan for being here with us.

Mr. GERSON. Thank you, Senator.

Senator CLINTON. Now, our second panel as they are moving forward and taking their places are people who have many of the responsibilities for dealing with the issues that we have heard discussed on this first panel, and I would like to welcome them. I have been very pleased to work either with them directly or with many of their agencies as we have attempted to deal with 9/11. And, again, I am going to introduce all the panelists, at the same time so that we can hear from them.

Our first witness is Chancellor Harold Levy, the New York City Board of Education, and I want to acknowledge and recognize Chancellor Levy's superb leadership of the school system in the wake of 9/11. He will specifically be addressing the needs assessment that he had commenced, knowing full well that we were going to face some of the problems that we have already heard about, and it was a far-sighted and very important decision.

Next witness will be Brad Gair, the FEMA Federal Recovery Officer for the World Trade Center and I have to publicly thank Mr. Gair, because he's been a friend and a true leader for all of us in New York. He has worked tirelessly to insure that New York gets the support that it needs from the federal Government, and I also wish to thank Joe Allbaugh, the director of FEMA who has been a partner as well, and I thank you for everything you have done, Brad.

Charles Curie is the director of the Federal Substance Abuse and Mental Health Services Administration, so-called SAMHSA, that has been very helpful in giving us some of the resources that we have needed to be able to deal with the problems that we have heard discussed.

Chip Felton, who is the Associate Commissioner for Mental Health is here representing the Governor and it has been a tremendous effort and partnership with Federal, State and local governments working together to try to deal with this unprecedented disaster.

Finally, Dr. Thomas Frieden the City's new Commissioner of Health. We welcome you, Dr. Frieden, and you are here on behalf of the Mayor and I want to thank the Mayor and all those in City Government for your willingness to work on some of these issues and challenges we face.

Let me now ask Commissioner Levy to begin the second panel.

STATEMENTS OF HAROLD LEVY, CHANCELLOR, NEW YORK CITY BOARD OF EDUCATION; BRAD GAIR, FEDERAL RECOVERY OFFICER, FEMA; CHARLES G. CURIE, ADMINISTRATOR, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION; CHIP FELTON, NEW YORK STATE ASSOCIATE COMMISSIONER AND DIRECTOR OF THE CENTER FOR PERFORMANCE EVALUATION AND OUTCOMES MANAGEMENT, NY OFFICE OF MENTAL HEALTH; AND THOMAS R. FRIEDEN, M.D., NEW YORK CITY COMMISSIONER OF HEALTH

Mr. LEVY. Thank you, Senator. This is an important footnote, an important punctuation mark in our understanding of what happened. I want to thank both Senator Clinton and Senator Corzine for convening this hearing. I think it is an important punctuation mark in how we think about what happened on 9/11 and what to do to make sure in the future that we handle these kinds of situations in the most professional way, the most careful and sensitive way we can. I also want to compliment you on the panel that I just heard, quite extraordinary group. Very poignant, very thoughtful and people have clearly given this a lot of thought.

I want to thank you for the opportunity to discuss our system's efforts to meet the mental health needs of our school children in the wake of 9/11. I believe that the school system has pursued an

aggressive and thoughtful plan designed to confront and overcome the many challenges posed by this single horrific act of terrorism.

The testimony by Scarlet, Anna, Dominick, provide compelling accounts of the many issues facing the New York City public schools following this tragedy and their words speak to the lingering impact on our school system on our children, as well as on the staff, and I thought Anna Switzer's point was absolutely well taken.

We focus on the children and we forget the children lean on the teachers, on the guidance counselors and they themselves are traumatized by what has happened and they themselves have issues to deal with in their home lives of which this exacerbates the moment.

I would be remiss if I were not to recognize the outstanding performance of the entire school community in its initial reactions to the events of 9/11. The school leadership and staff took students through the streets to safety and remained with many students into the early hours of the morning to insure that all children were safe and accounted for. You heard the testimony of the Deputy Superintendent for at Staten Island. The same could be said all around the City. It was an extraordinary day and people really rose to the occasion, and it is something that brought the professionalism in the school system really to bear.

I would make the observation as I think back on that day. There were about 75 principals who, for whom this was their third day on the job. A hell of a way to start your career as a principal. What they did, interestingly, is they rose to the occasion because they had a choice. I worried about how all of these many, many new principals would be able to lead their buildings on that day they learned how to lead their buildings. They made decisions all day long.

Sure, I sent an e-mail saying today we will allow parents to pick up their kids. Today, unlike other days, the parent comes in in the middle of the day, give the kid. Today, unlike other days, when the buses go around and deliver the kids, they have to give them into the hands of an adult, not just to leave them on a corner. Because we do not know when the parents will be there.

The thing I learned was the strength of our family structure. Much stronger than I think anyone might have considered in advance.

I was worried about being left with orphans by the end of the day, not children who had merely lost one parent where there is a two-parent family, but children who had lost either their only parent or both parents and all the children were cared for by the families. Although we made provision immediately talking with Family Services, we did not need to avail ourselves of those services.

There are many unspoken heroes in this.

Within hours of the disaster, I spoke to the Oklahoma State Commissioner because I thought about Oklahoma City and was informed that based on their experience in Oklahoma City, the students outside the immediate Ground Zero area would also be psychologically impacted and furthermore, we could expect mental health problems to manifest themselves months later. And that

conversation was really pivotal to my thinking and my plan to carefully monitor the mental health needs of students.

We provided principals and teachers with guidelines for identifying and addressing the immediate needs of students, including recommendations for explaining the disaster to their children. Guidance counselors and staffs sought to assure students that they thought about their safety and well-being. Within a day we had a listing of mental health providers available for students and their families. With the help of Fran Goldstein and her staff, I also convened an advisory group, now called The Partnership for the Recovery of New York City Public Schools, comprised of mental health experts that continue to assist us; Harold Koplewicz, the NYU Child Study Center, Dr. Edward St. Vincent, people from all around the country who had volunteered their help and came forward quickly, and really gave us the best advice that we could possibly get from across the country.

And because of our system's diversity we worked to implement strategies to reduce anger and violence in the schools very early on, to stem any potential increase in bias incidents. Materials on diversity, antibias and conflict resolution were distributed to the schools immediately. Interestingly, we also worked with Penny Harvest, this is the Common Cents program, we collected $720,000 in pennies from children in elementary schools primarily, but also the junior highs, 940 schools participated.

It is not so much the quantity of money but the fact that we were able to give other children an outlet to participate to help to feel that they were not helpless in the face of an anonymous terrorist.

We had very few incidents of bias or anger that occurred that could be attributed to the events of 9/11, but an interesting phenomenon there, too. In the days immediately after the 9/11 attack, we had about 20 or 25 incidents a day for two or three days, and I went around to all the schools where this was occurring and specifically to the schools that had significant Moslem population or children dressed in traditional garb, or who came from the Middle East.

To make the point, these children have no sympathy for the terrorist, any more so than any of the rest of us, and as citizens, as Americans, our job is to ensure their safety and to make sure that they feel supported in the face of these threats, and a funny thing happened, because as soon as you said it, whether I said it to the teachers or the students, they said, "Well, of course, we know that." But until you said it, we had incidents. But the moment it was said, it was as though they were innoculated and they took it in the form of, "This is our job as citizens, and as Americans."

I took great pride in the way they responded. And I think it also speaks to our diversity and our strengths in our diversity that with this kind of horrendous act, we did not have significant ethnic unrest. Quite the contrary. There was a recognition that the terrorists have made a very bad error in uniting us.

Prior to conducting any formal studies, we assessed the immediate mental health issues facing our Moslem school community by asking the Superintendent to survey the schools and determine the number of staff or students who lost a family member or relative or very close friend. This informational survey revealed in 700 of

our 1100 schools, a member of the school community had lost a loved one. If you think about in your office, if someone dies, a family member dies, everyone is aggrieved by that, everyone feels the grief, feels the sense of loss. Here we had a situation where in 700 of our 1100 buildings such a thing happened.

I was able to write letters of condolence, provide information on accessing mental health services. But the data also enabled us to direct $5 million emergency Federal funds to schools near Ground Zero as well as to the districts with significant numbers of students who experienced personal loss. All superintendents in District level crisis response teams were provided training by the National Center for Children Exposed to Violence, Yale University and that was enormously helpful.

After implementing these short-term strategies I wanted to insure that the long-term decisions were made after carefully examining research on the topic and not based on anecdotal information and intuition alone, and I was particularly struck, Senators, by the paucity of literature and the lack of research on the impact of disasters on large communities.

There is actually a fair amount of literature about the immediate victims and their families and people who immediately escaped it. But not on the larger community, and that I think is, it was quite surprising to me, and it helped push me in the direction of the decision to insure that our experience in dealing with the disaster was well documented to guide others in the event of future tragedies.

We commissioned Dr. Michael Cohen and the Applied Research and Consulting Group that he heads in collaboration with Columbia University School of Public Health, which was just wonderful in their quick and thoughtful and really very professional response to conduct a comprehensive needs assessment to determine the psychological impact of the attack on City school children. Great care was taken to collect the information in a scientifically validated manner six months after the attack.

It was intentionally six months after, because what we wanted to do was see what was the continuing grief, what was the continuing psychological injury. A study was approved, recognized by the Centers for Disease Control and looked at psychological disorders beyond post traumatic stress disorder, such as agoraphobia, which is significant in a city like New York where hundreds of thousands of children travel to school on mass transit each day.

The release of a study in May reported disturbing evidence detailing the extent to which last fall's tragedy still impacted school children across the city. The study found that students in grades four through twelve are experiencing serious mental health problems at a higher rate than expected after the attacks. In fact, we now estimate 190,000 children in grades four through twelve exhibit at least one mental health problem which may inhibit their productivity in school, which subsequently requires some form of intervention. These ailments and the percentage of students estimated to be affected are post traumatic stress disorder is about 10 percent; major depression, about 8 percent; generalized anxiety disorder, 10 percent; separation anxiety, 12 percent; agoraphobia, 15 percent; panic attacks, 9 percent, and generalized panic disorder, 10 percent.

I put this out there for the proposition, you have to press how much of that data is background and how much of that preexisted. At least, that was my initial reaction and the answer to that seems to be these numbers are elevated, significantly elevated beyond anything that has been seen to the extent one has comparable studies, and there are not many, but what it also says is that we have a larger problem potentially in the country with these kinds of ailments among children in large public school systems. I think it is clearly more pronounced here and I think it is clearly the result of 9/11.

I am looking forward to reading the full report when it is published, but the question that comes to mind is the child who has continuing nightmares about towers or about things which a Freudian would not have trouble identifying too quickly. Or the child who is thinking about these things all the time, or is worried now about going into subways or does not really like taking elevators anymore or who reports they think about the towers and where are their parents repeatedly during the day. These kinds of things invariably are distracting from their school work, but much worse are the kind of ailment that we as a society need to give recognition to, to support the children and help them.

While not surprising, it is particularly important to note that despite the students requiring mental health systems was not limited to Ground Zero schools. As presaged by the experience in Oklahoma City, students in schools outside of Ground Zero were psychologically impacted as they were more likely to have family members who were present at the World Trade Center.

Unfortunately, too many students have not received a level of mental health services needed due to inadequate resources. Left untreated, these psychological ailments could compromise long-term educational and personal development in these school children. To bridge this gap we requested $40 million from FEMA to expand our current efforts.

I want to join with Senator Clinton. FEMA director Joe Allbaugh has expressed support for our proposal, working with FEMA, New York State and New York City Department of Health to secure these funds and I want to publicly thank the director and his representative, Mr. Gair, for his commitment and the progress made by the Agency in addressing the system's other post 9/11 needs.

In implementing our mental health plan we have to look beyond the traditional service models, and here I am a great believer in the value of community-based organizations and in the local school district being the one to contour how that should work. Local school districts need to have the flexibility to tailor individualized approaches that best fit the needs of their communities, utilize a combination of school-based health providers and mental health agencies. This are areas where if a child is labeled as needing mental health services, they will be reluctant. If you say to a parent in a community, "Your child has a mental health problem," that is taboo they do not want to hear about it. However, if they say, "We think your child should participate in an after school program," and it happens there is counseling in the after school program, that is a whole different approach and I think in some instances of greater value.

The way services are delivered depends heavily on each community's culture. Because some communities will not participate in activities labeled counseling, districts have sought some other approaches to develop programs. These include recreation, art and music programs, all which allow children to express themselves in more comfortable settings. You need only look at the arts program to look at the sort of release we saw in the poetry, the pictures and the music that came out of the school system. I got mounds of them. Children needed to express themselves, teachers needed to have them do it.

Still, today, if you have children of a young enough age, you say, "draw me a picture," the picture too often is of the Towers and the planes. Our mental health community can assist us by linking schools with community providers where established partnerships currently do not exist.

While our capacity to implement these strategies requires assistance from FEMA, these monies do not cover long-term treatment. To provide the full range of services each child may require, consideration should be given to broadening our ability to use FEMA funding, child health insurance programs or other sources of funding for these purposes.

As we move forward, we must insure that our students are provided with services needed to help them heal and begin the process of renewal. Each child must be given an opportunity so they may achieve to their highest potential and ultimately lead healthy and productive lives.

Senator Clinton in particular has consistently fought for and delivered new resources to help fund many of our programs, helping deliver a world class education to our poor students and increasing the quality of our teachers. Your recent efforts, along with Senators Schumer, Corzine, Representatives Maloney, Nadler, Serrano and Sweeney to secure federal assistance from FEMA to help us meet the mental health needs of our students is another example of your strong commitment to our School District, and we thank you.

This is what I have learned in the course of this experience, is the extraordinary strength of the professionals in the school system, the strength of the family structure in the face of these kind of extraordinary challenges, and also the depth of professionalism that we see in the school system and in the community based and mental health provider community generally.

I do not know that I share with the parents who spoke before, I thought very eloquently, the issue, the need or the belief she has that the press has to discipline itself, because I think in that respect the press is responding to the societal need for information and to balance that. I know what that need to balance is about. I think what we need to do is to be sensitive to the children in particular but also the adults who are going to see these images, but not having assimilated it, not having responded to it and understood the moment, are still struggling with it. Those are people we need to be very sensitive to, whether they are young ones or older ones.

I have seen children who responded by writing poetry and talking about it, wanting to watch every single image on TV, because that was the way they got into the news. This was their eye-open-

ing event. Then I have seen other children and other adults who just do not want to talk about it still today. And our society is both blessed and cursed with memory. Blessed to have moments like this where we try to attempt healing and in a sense cursed for those who relive this on a daily basis. That in my judgment is the hard part.

I say again, I am very grateful to both of you for having convened this. I think these are important moments for us to try to assess how we do this. Thank you.

Senator CLINTON. Thank you very much, Chancellor. I apologize for our apparently irritated microphone. It has a hard time being consistent today, but your testimony was extremely eloquent and I know that it will help guide us and I appreciate your being here with us.

Mr. Gair?

Mr. GAIR. Thank you, Senator Clinton, Senator Corzine. On behalf of our director, Joe Allbaugh, I do want to thank you for inviting us to participate in this important hearing. You have my official testimony for the record. I think I will just summarize it, because we have a fairly simple role in this particular issue. I think it is more important to hear from the mental health experts and the subject matter experts.

At FEMA we are not mental health experts, we are emergency managers, emergency responders. In this specific case, essentially our role is we are your banker. So far you have entrusted us with more than $6 billion of precious federal resources. You are considering supplemental appropriations that may give us another 2.75 billion and we want to assure you we will be not only good and caring bankers, but try to be smart bankers to help direct the funds to the programs that help all people recover from the disaster, but of course especially the children.

FEMA programs are not really children specific. The children and families are direct beneficiaries of many things we do. I will highlight a couple of those that we have done so far. Through our normal programs we try to do everything we can to restore the school system in New York City back to pre-9/11 conditions. We are working with the Board of Education, our partners, to provide the millions of dollars of funding necessary to clean the schools and continue to test the air in the schools and continue to meet the other disaster-related expenses that they incurred as a result of the disaster.

Beyond that, we are now working with our partners at the EPA to begin to clean residences in lower Manhattan in order to add another level of assurance to children and families that it is safe to live here.

Beyond that, we are working with our partners in the City and the State to restore infrastructure, hopefully improve infrastructure so that life in Manhattan can return to normal and perhaps even be better than it was before 9/11. Most relevant to your hearing today is our crisis counseling program and this is a program that we find is needed in almost every disaster, but here even more so than ever. Shortly after the disaster we awarded what we call immediate crisis counseling, grants, in New York, New Jersey, Connecticut, Pennsylvania and Massachusetts. This was to provide

the very, very short-term crisis counseling needs and in New York that allowed for the establishment of Project Liberty and all the great work they have done.

More recently in late May, we awarded and additional grant to the State of New York for $132 million for what we call our regular crisis counseling program. That will insure that the process continues, that the needs continue to be met and the services continue to be provided well into next year, and we recognize that that is a start. We are looking to our partners at the local, State and Federal level to tell us what else is needed, what more we can do to look beyond not only the deadlines for our normal programs, but to provide more flexibility in our programs to meet the more therapeutic needs that may be evident among our children of New York.

In closing, I would just like to tell you, remind you and assure you, that children's issues are absolutely the primary concern for Commissioner Allbaugh and to our Federal family and we continue to working with you and cooperate amongst ourselves to deliver these invaluable services. Thank you.

Senator CLINTON. Thank you very much.

Mr. Curie? And thank you for your brevity as well, Mr. Gair. You have done this before, I can tell. Thank you.

Mr. CURIE. Good morning. Thank you, Senator Clinton, Senate Corzine for inviting me to appear before the committee today and thank you both for your abiding interest in children's meant health.

It is my privilege and honor to serve this Administration and Health and Human Services Secretary Tommy Thompson as the administrator of Federal Substance Abuse and Mental Health and Human Services, or SAMHSA. Over its ten year history, SAMHSA's programs have shown that prevention, early intervention and treatment for mental health and substance abuse disorders pay off in terms of reduced health care costs, educational and job losses, suicide, homelessness, crime and sometimes violence. When it comes to the lives of children, SAMHSA-supported programs are helping to fulfill the promise of productive independent fulfilling adulthood for millions of children experiencing or who are at risk for mental illness.

Today the need to achieve that mission can never be more important. The opportunity has never been greater, particularly when you focus on the mental health implications. In the wake of September 11th, America's consciousness about the emotional trauma of man made fear has been heightened as never before. The number of children affected by trauma of this kind has never been greater. Today we have the obligation to remind parents and caregivers that seeking help to recover from the mental health effects of trauma is not shameful. We have the opportunity to help in the stigma surrounding mental illnesses, such as depression, anxiety and post trauma stress disorder that can result from trauma and we have a responsibility to the children of New York that will strengthen their resilience and promote their mental health today and tomorrow.

This hearing can be a very important part of that effort. Already today hearing from the first panel, and it was very moving I was humbled hearing from those individuals, the parents, children and

educators that are on the front line teaches us a lot about lessons to learn that we need to apply.

The word "trauma" has meaning to both body and mind. Most of the time we think of trauma as a critical or serious bodily injury or wound. From my perspective as a social worker, though, trauma means a something a bit different. When I speak of trauma, it can have a lasting psychological effect.

Emotional trauma, just like physical trauma, can be caused by nature or by human hands. It can be the result of natural disasters like floods or earthquakes, or it can be the emotional trauma from physical or sexual abuse or by physical injury or chronic illness. But more than any other cause of trauma today, I am talking about the potential severe and lasting trauma of witnessing or experiencing violence, the trauma of losing families, friends or even a sense of community safety. In a word the trauma of terrorists.

When it comes to physical trauma, we treat it readily. We set broken bones, stitch and bandage wounds, provide rehabilitation to heal. We can and should do no less for emotional trauma.

We have the scientific knowledge, the evidence base from which to act. We know an increasing number of risks and protective factors that help or hinder the ability to bounce back from traumatic experience and we know how to help promote resilience even for those at greatest risk, through mental health service.

From both a physical and emotional perspective, children have the greatest capacity for healing and the greatest capacity for scarring as a result of this trauma.

The vast majority of children who experience trauma, particularly catastrophic events, are able to cope with the event and its consequences by themselves or with support from family, peers or other adults. Other suffer worries and bad memories that may fade with time, yet for some the trauma can precipitate chronic, serious mental health issues, such as depression, chronic anxiety, PTSD. Some youth may seek drugs or alcohol to cope with these emotional difficulties.

When it comes to trauma related to September 11th, the effects on children in New York City are starkly evident in a the startling report in the New England Journal of Medicine, Chancellor Levy quoted statistics from those studies. Based on reports from parents, the study found 35 percent of children had one or more stress symptoms—nightmares, sleep problems, distractibility, withdrawal, anger that could point towards a more serious problem such as PTSD. 47 percent were worried about their own safety or the safety of a loved one.

We know PTSD has been present in more children than previously believed. Three factors have been shown to increase the likelihood children will develop PTSD. One, the severity of the traumatic event; two, the parental reaction to the traumatic event and three, the physical proximity to the event.

In general, all studies find that children and adolescents who report experiencing the most severest traumas also report the highest level of PTSD symptoms.

But post traumatic stress disorder isn't the only problem a child may experience in the wake of traumatic experience. The effects of trauma on the still developing body and mind can be significant

and result in depression, anxiety, drug abuse and suicide attempts. That is why in the immediate aftermath of a traumatic event in the weeks following, it is important to identify the youngsters who are in need of more intensive support and therapy because of profound grief or some other extreme emotion.

We owe our children with emotional wounds no less the same kind of support and caring, intervention and treatment that we routinely provide to those with wounded bodies. And the faces and the voices of children and adults from the first panel show exactly why.

SAMHSA and the Department of Health and Human Services have been working with New York City and New York State in the days, weeks and months since the World Trade Center attacks. Within 24 hours of September 11th, thanks to hard work by Secretary Thompson and departmental staff, both SAMHSA staff and $1 million from the Department of Health and Human Services mental health specific resources were on the way. Within two weeks additional personnel and $6.2 million was made available to all nine affected jurisdictions. Within a month, another $20 million was awarded. These dollar specific to meet urgent mental health needs were but a part of the much larger infusion of federal dollars Mr. Gair talked about.

A few weeks later, SAMHSA convened a meetings for nine directly affected jurisdictions to share their experiences and to set an agenda for a national summit three weeks later. In the national summit, Senator Clinton, you and your staff were helpful in helping us find a place in New York City for a meeting here in November. Representatives from 42 states, five territories, the District of Columbia and two tribal governments made progress towards developing their own disaster emergency plans that include both mental health and substance abuse.

At the same time, SAMHSA is identifying and disseminating information about programs that can serve as models for adoption or adaption in communities across the country. SAMHSA's traumatic stress initiative, which was an initiative begun in October 2001 provides federal support to include treatment and services for children who experienced trauma. Initially, that included trauma due to sexual abuse, physical abuse, other types of abuse. We were able to build on that network and on that program to incorporate the trauma now of terrorism.

Here in New York the network includes the North Shore University Hospital Adolescent Trauma Treatment Developmental Center, Mt. Sinai Hospital's East Harlem Adolescent Traumatic Services Community Practice Center and Safe Horizons, St. Vincent's Child Trauma Center Continuing Care. And today I am pleased to announce that SAMHSA is making $11.4 million in new awards under this same initiative.

Here in New York three additional organizations can be counted among the total of 18 grantees. New York University, Westchester County Health Care Corporation and the Jewish acts of terror and other disasters.

In conclusion, I appreciate the opportunity and we appreciate the yeoman's work that has been done here in New York to help meet the crisis and determine the needs of children, parents, grand par-

ents and caregivers who are affected by the World Trade Center attacks. Without question, we are learning over and over as we work to heal New York's children and families, that lesson that mental health is as precious as physical health. It is as much a part of our imperative as any physical communicable disease.

We look forward to working with you and your colleagues in the Senate, not only to respond to the effects of trauma on children today, but also recognizing that we are not, we are far from finished yet that in the months and years ahead we need to keep pressing ahead and addressing these needs because we have only just begun seeing the evidence resolve. Thank you.

Senator CLINTON. Thank you very much, Mr. Curie.

Mr. Felton?

Mr. FELTON. Good morning, everyone. I would like to thank Senator Clinton and Senator Corzine for the opportunity for me to discuss what New York State is doing to meet the mental health needs of children in the wake of the World Trade Center disaster. My name is Chip Felton, I am Associate Commissioner for the New York State Office of Mental Health and I currently oversee what has become the largest mental health relief effort in the history of nation. That is what is called Project Liberty.

What I would like to do is begin my testimony by briefly reviewing how the activities of the Office of Mental Health have changed since September 11th and then I will speak in detail about how we are addressing the mental health needs of children through Project Liberty and also other related initiatives.

The first part is really our traditional line of business at the Office of Mental Health. We oversee a public mental health system that serves approximately 400,000 adults and 100,000 children and adolescents each year. The majority of these individuals require services because they are diagnosed with a mental disorder that has led to serious impairment in day-to-day functioning. For example, it is estimated that about 70 percent of the children we serve in our public mental health system immediate criteria for serious emotional disturbance. New York's public mental health system follows a full continuum of care of children from the most intensive inpatient hospitalization through self-help oriented family services with a vast majority of children receiving mental health services in community settings.

Also, the Office of Mental Health maintains an ongoing planning function and the purpose of that is to insure a system of care for children with severe mental health needs and we also fund substantial ongoing research to advance the evidence base for children's mental health services. The events of September 11th, though, required us to expand this focus dramatically beyond our traditional focus on individuals with severe mental illness to include the entire general population of New York City and the surrounding areas. Responding to the broad-based mental health impact of the terrorist attacks required the Office of Mental Health to mount a major new public health intervention which we accomplished in a few short weeks after the attacks. We are proud to have been able to launch Project Liberty quickly while at the same time maintaining our traditional roles and functions in overseeing and providing services to individuals with severe mental illness.

So now to talk a little bit about Project Liberty. Project Liberty is a collaborative effort of the Office of Mental Health, local governments and over 100 provider mental health services. It is funded by the Federal Emergency Management Agency with program assistance from Center for Mental Health Services which is part of SAMHSA. In New York City, Project Liberty is jointly administered by the Office of Mental Health and the New York City Department of Mental Health, Mental Retardation and Alcoholism Services. The New York City Board of Education and also the Administration for Children's Services are formal participants in Project Liberty of New York City. And we really could not operate this program without the tremendous cooperation and collaboration between our federal partners and your City and County partners. This as well as all the other collaborations that happened since 9/11 I think are one of the outstanding reminders of the community resilience and capacity that we have here in New York City.

Project Liberty provides free supportive counting to anyone affected by the events of September 11th. It also funds a range of public education activities, to help people identify, understand and cope with their reactions to this traumatic event. Project Liberty staff also help identify people who would benefit from more specialized mental health services and links them to those services. For instance, in terms of public education, the posters that we have here that the mental health administration has developed, this is an example of sort of a public private partnership. I believe some of the funding has come from the Hasbro Foundation and Project Liberty is helping to underwrite the distribution of this child educational campaign.

The scope of Project Liberty is truly enormous. To date over 104,000 individuals have received direct face to face counseling and educational services through the program. This number is increasing rapidly. Three weeks ago, when we had our wonderful announcement from FEMA of $132 million followup grant, that number was about 80,000, so we are continuing to serve many, many individuals with the outreach and service delivery continues to grow.

People can get Project Liberty services wherever they want them and the vast majority take place out in the community wherever it is convenient to meet. There are many populations that have special focus in Project Liberty, including school age children, families of victims, survivors and their family, emergency and recovery workers and the elderly, to name a few.

Another statistic that so far Project Liberty has provided direct face-to-face services to over 4500 individuals who have lost a family member in the attacks.

We are very focused on mental health needs of children and adolescents for very good reason. Assessments we conducted for our initial FEMA application in September found that the largest group of individuals in New York City likely to experience significant traumatic stress reactions following the attacks were school-aged children. We know from studies of prior disasters that communities and individuals are very resilient and that most people will recover quickly. I think this is a finding that is really worth emphasizing. This is not in any way to downplay the mental health

needs, but the factors of resiliency and wellness are very abundant in the disaster and are really our greatest allies in trying to mount an effective response. The resiliency is true for both adults and children, but nevertheless there is an impact and range of response to trauma and some individuals do not recover quickly. This can be due to the intensity of their exposure to the event, it can also be compounded by prior trauma or other personal or family risk factors, including for children the reaction of their parents and other family members to the traumatic event.

So, of course, it is important when treating children that we have to think about the family and social context in which they live. Highly traumatized children are at risk for a number of mental disorders so here we are talking about the subset of kids who have been so heavily traumatized that they may in fact have developed or are at high risk for developing a diagnosible condition like post traumatic stress disorder anxiety and depressive disorders.

These conditions may surface weeks or months after a traumatic event. Other anxiety disorders, such as panic disorder or agoraphobia also develop and these can lead to substantial impairment in a child's ability to function at school and in home.

I know our speaker in the previous panel talked from her own and classmates' experience about this kind of impact. Regardless, though, of the level of impact, we know the ability of a community to offer support is a critical part of the child's recovery from trauma and this is where Project Liberty comes most into play.

Project Liberty has provided a comprehensive disaster response in New York City schools, including crisis counseling, classroom education, support groups for parents and Board of Education staff, and referral to other services when needed. Children and their families are able to access Project Liberty services through the schools or through Project Liberty providers in their areas, and to date, we have about 40 mental health agencies that are providing Project Liberty services to New York City schools.

Project Liberty counselors have been very active in the highly effective schools near the World Trade Center site and continue to expand services into schools throughout New York City. Clearly the needs assessment showed that the impact was throughout the city and it is very important to continue the extent the relief effort accordingly.

Agencies participating in Project Liberty have provided hundreds of group crisis counseling and public education sessions to school children, their parents, teachers and administrative staff. These sessions review coping strategies and skills, crisis management, stress reduction and management and strategies for support of school children and sessions have also been held to help students identify symptoms of distress and to build a positive outlook for their future.

Let me just add a few more statistics. In New York City, 10 percent of the nearly 40,000 supportive counseling sessions that have been provided in New York City have been delivered to children and adolescents. 11 percent of all Project Liberty services have been delivered right within schools and over 23,000 children, teachers and parents have participated in these school-based Project Liberty activities.

Although time constraints preclude any fuller discuss of this last point, it is important to note that Project Liberty data indicate the program is reaching nonwhite, non-English speaking children at rates that are proportional to New York City's general population.

The cultural component of our outreach effort is pivotal to its success. We are trying to reach every community in New York. Although Project Liberty is helping many thousands of children, we do recognize that the range of services funded to date under Project Liberty may not be sufficient to meet the full amount of health needs of all children. Office of Mental Health is committed to helping New York meet these remaining mental health needs and we are working on several fronts to accomplish this.

Let me close by briefly highlighting some of these activities. Next month the Office of Mental Health will be awarded 300 million that we have received from SAMHSA to providers with an expertise in specialist mental health trauma treatment services. This initiative will bring Project Liberty agencies together with other treatment providers and academic experts. They will join forces to deliver effective treatments to those children that have been so heavily traumatized by September 11th that they have developed a diagnosable mental illnesses or are at high risk of developing a serious mental health condition. OMHS is committed to funding these services for one year and we are very actively soliciting additional funding from private foundations and other 9/11 charities and it is our hope to expand the number of proposals that we can fund and also to extend services for an additional year.

Just parenthetically, we have received 32 proposals from an RFP. We are reviewing them now, we will be issuing awards on July 1. These programs are expected to be operational by the beginning of September in time for the school year. It is our hope to expand the number of proposals that we can fund and also extend services for an additional year. We also plan to conduct a rigorous evaluation of this project to insure that we learn as much as we can about delivery of trauma treatment to children and adolescents with mental health needs.

In addition, we are working with the New York City Board of Education and the New York City Department of Mental Health to develop a comprehensive plan for expanding our Project Liberty services to additional schools. During the coming several months, Project Liberty will partner with city schools to provide services in conjunction with summer school sessions and after school programs. The summer programs will help prepare children for the return to school just prior to the one-year anniversary of the disaster and we hope to broaden the scope of services we are able to provide under Project Liberty in preparation for schools reopening and the obvious impact of a one-year anniversary that will have on our city.

Elements of the plan being discussed include a curriculum that will anticipate and deal with the impact of the anniversary and also a screening protocol to insure that children with ongoing traumatic symptoms related to September 11th are linked to all necessary supports.

So to close, I would like to thank the two Senators for convening this hearing and bringing us together to discuss the mental health needs of the children. The events of September 11th are unlike any

our nation ever experienced and we have created a mental health response unlike anything we ever mounted before in response. We recognize that the mental health impact of this terrible event is unprecedented; that those impacts will continue to unfold over time and that we will need to continually refine our interventions to meet those needs as they unfold. The Office of Mental Health remains committed to meeting the mental health needs of all New Yorkers who have been affected by the events of September 11th.

Finally, I would just like to salute the compassion, collaborative spirit and creativity of everyone in New York and in particular the mental health community as well as the educational service communities. It has really been a tremendous pleasure and privilege to serve as part of this unique effort and to see the wonderful creativity and collaboration and resources that this City has.

Thank you.

Senator CLINTON. Thank you very much, Mr. Felton.

Dr. Frieden?

Dr. FRIEDEN. Good morning. I am Dr. Thomas Frieden. I am Commissioner of Health and Mental Health for New York City. Terrorism is intended to sow terror. Terror is a psychological phenomenon which requires a societal response and in that regard I am particularly grateful to you for convening these hearings today and for the opportunity to address what has been New York City's response to date and what are our plans for the future.

As the recently released Board of Education report indicates, many children continue to feel the effects of the attacks in the form of increased anxiety and symptoms related to the trauma. We know from research on previous disasters that as we move farther away from the event, depression will be a more prominent symptom confronting children.

We are concerned that children who are most effect by the disaster, such as those that lost a close relative or witnessed the event, are at greater risk of developing long-term mental health symptoms if they do not receive adequate support in coping with and mastering this intense experience. Children in general are considered at risk for emotional and behavioral symptoms following a disaster. This is because of their developmental limitations in understanding the complexity of the situation and their dependence on their family and their contacts for help with the healing process.

Unfortunately, the intense media coverage following September 11th, the country's ongoing state of alert and incidents of bioterrorism helped produce a heightened state of anxiety making it difficult for some children and families to regain a sense of safety. A sense of safety is crucial for the healing process. For all of these reasons, the Department has made children and youth a priority in our plans and service.

Let me take a few minutes to describe the scope of the activities. For directly bereaved children, immediately following the event, the Department's crisis intervention services unit provided mental health services at the Armory and then as soon as it was set up, at the Family Assistance Center at Pier 94. At these sites more than 85,000 mental health contacts were made. In addition, following the President's declaration of disaster, the State Office of Mental Health in collaboration with the City's Department of Mental

Health, Mental Retardation and Alcoholism Services applied to FEMA for funding to establish the crisis counseling assistance and training program now known as Project Liberty.

The FEMA funding was intended to provide short-term individual and group crisis counseling, outreach, education services and referrals for longer term psychiatric or substance abuse treatment. These interventions are aimed at assisting individuals in coping with the extraordinary stress caused by the disaster and its aftermath.

Project Liberty under the immediate services program grant is providing free crisis counseling at more than 110 community mental health sites, including all public hospitals throughout the five boroughs of New York City. Providers were selected to reflect the culturally diverse makeup of the city to offer community-based services, to insure that every geographic area is served and to provide quality crisis counseling and public education in a variety of languages.

A recent New York Academy of Medicine survey found that one in four New Yorkers know of Project Liberty. To access Project Liberty services, families can all 1–800–LIFENET as featured by the Citywide advertising campaign on radio, television, subways and buses and in brochures. The hotline is also available in Spanish, Chinese and other languages. Children and families can receive services at a neighborhood based mental health center, a selected community location or in their own home, depending on what is comfortable for them. Many children who lost a parent in the tragedy did have access to Project Liberty and traditional mental health services in their school.

Part of the Department's ongoing services are contracts with agencies to run more than 100 satellite mental health clinics based in schools in every borough. In addition to their usual function, these clinics have been treating children affected by the disaster. They report a significant increase in symptoms related to trauma as well as generalized anxiety.

Project Liberty has also earmarked $1 million for the City's Administration for Children's Services or ACS, the agency concerned with the welfare of children, including those in foster care and out of home settings, to address the needs of these vulnerable children. These children often have extensive history of trauma and loss and are therefore at higher risk than the general population. ACS is designing specialized training for parents, foster parents and staff on recognizing signs of increased trauma response and on how to support children better. This Department, working closely with other state and City agencies, created several initiatives to respond to the needs of children. I will mention three in particular.

First, we convened a children's advisory committee of national and local experts on children's mental health after disaster. The group has been helping the Department form its plans for the future. These plans include a focus on school-based services, bereaved children, children directly exposed to the disaster, children in foster care directly affected by the disaster and the general population.

Second, the Department continues to work closely with the Board of Education and third, with the Agency for Children's Services to finalize a plan to address children and families in that system. The

Department also has been working closely with the Mental Health Association of New York and the 9/11 Fund to develop a school-based poster and brochure campaign geared to alert parents of young children and youth about the lingering effect of the disaster on mood and behavior.

In fact, even before September 11th this Department in partnership with the Mental Health Association was developing a media campaign for parents and adolescents because of a recognized need to focus on mental health issues that affect adolescents. The campaign will be released soon and will help with our further attempts to address emotional issues adolescents are experiencing because of or independent of September 11th.

As I and others have noted, the crisis counseling and education program funded under Project Liberty have accomplished a great deal and will continue to serve even more people as the program continues. However, we know that some adults and children need more intensive treatment beyond what crisis counseling can provide. When Project Liberty providers see individuals whose needs cannot be met by short-term crisis counseling and education services, they must refer them to licensed mental health professionals or appropriate agencies.

As you know, FEMA funding for crisis counseling cannot at present be used for longer term mental health treatment. This limitation should, we believe, be evaluated and a change in policy should be considered. We believe that the need for mental health clinic services may well exceed what can be provided with the funds that have been provided so far. Additional federal funding to increase the capacity of the mental health system to assist those most in need of treatment over the next 18 months would help. Intensive, well-structured interventions have been shown to be effective in helping those with disaster related symptoms to recover and return to their normal lives. Funding to provide mental health treatment for this population now will be most beneficial in the long run. In addition, as you know, Senator Clinton, the New York City Department of Health has been working with the U.S. Centers for Disease Control and Prevention to develop the World Trade Center registry. The registry would enable us to evaluate long-term health and mental health effects as objectively and comprehensively as possible. We urge our colleagues to avoid any further delay in implementing this important project.

We know certain things from other experiences and from the data that has accumulated to date in New York City. We know that repeated contact of children with intense media images is not helpful. We know that efforts to further strengthen the associations and bonds of children with their families and communities and to restrengthen the bonds of the communities is helpful. And we know that many of the aspects that had to do with the cultural construction of meaning go far beyond the health and mental health sectors and are areas where the whole society needs to be involved. We know that planning for the anniversary on 9/11/2002 is critically important and for all of these reasons we thank you for your interest and attention and for this opportunity to be here this morning.

Senator CLINTON. Thank you very much, Dr. Frieden.

Well, I am so grateful to each of you and the agencies and institutions that you represent, because the collaboration and the partnership is obvious. Do you have any questions, Senator?

Senator CORZINE. In light of the time—

Senator CLINTON. I am just going reiterate a point that was made. Because this was such an unprecedented disaster in our history and because we are now looking forward to determine how we are better prepared in the future, it is important that we recognize the long-term effects and the questions that have to be asked about FEMA's ability to continue more long-term planning about special funding that SAMHSA and others might have for this kind of specific need will certainly be on the table. We look forward to working with all of you and I cannot thank each of you enough for the really terrific job you have done of making it up as you went because we did not have any blueprint or guideline to tell us how to deal with this.

So let me thank you for being here today.

Senator CORZINE. Senator Clinton, I would like to make one point which I believe I heard from at least two of the witnesses, which I believe we can work on. It flows out of the Board of Education study, which demonstrated that real data actually is one of the bases on which we should be working. I compliment you on working on this registry, but if there is any message here that I can see, it is that we ought to be working off of information that is scientific as opposed to anecdotal. So if I have gained anything from this, it is underscoring the importance of that and we should get on with that project.

Senator CLINTON. Thank you very much. Well, we are going to call up the third panel so that we can hear finally this panel, some experts in this area both here in the New York area as well as in other parts of the country.

[Pause.]

Senator CLINTON. I will get on and introduce the panelists and then ask each of them to provide their testimony and then we will have time, I hope for questions. We are very pleased to have with us Dr. Betty Pfefferbaum. Dr. Pfefferbaum is the professor and Chairman of the Department of Psychiatry and Behavioral Sciences, the University of Oklahoma Health Sciences Center, and she has been a tremendous resource to many, many people in the New York area following 9/11 and I personally want to thank you, Doctor, because you have been so generous in sharing your time and your expertise and experience coming out of Oklahoma City. She will be outlining the research that has been conducted on children in Oklahoma, and providing some specific information about what has worked, which is very critical to our future planning.

Next we will hear from Dr. Christina Hoven, the Mailman School of Public Health at Columbia University, the New York State Psychiatric Institute, who was the lead investigator for the New York City Board of Education study. Earlier this morning, I was with Dr. Larry Aber, who is also one of the investigators. The team that was put together was really the basis for the kind of factual analytic information, Senator Corzine, that we are both looking for and we are very grateful, Dr. Hoven, for your being here to outline the program and the recommendations.

Dr. Harold Koplewicz from the NYU Child Study Center, has been a partner in the efforts to reach out and assist children from the very beginning. He has provided a lot of support to many, many people and institutions and has been a source of great good advice to my staff. And finally, Dr. Pam Cantor from the Children's Mental Health Alliance, who will be discussing models of best practices for making systemic improvement to our mental health system to try to address our challenges. Of course I have to put in a plea for the mental health parity law that we passed in the Senate, it died in the House, we are going to bring it back up in the Senate. The President has now said he supports it, and I hope that our friends in the House of Representatives will pass it, because if there wasn't any doubt about the need for mental health parity before September 11th, it is even clearer now. So, I thank all of our witnesses for being here and Dr. Pfefferbaum, if we can start with you.

STATEMENTS OF BETTY PFEFFERBAUM, M.D., PROFESSOR AND CHAIRMAN, DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES, UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER; CHRISTINA HOVEN, M.D., MAILMAN SCHOOL OF PUBLIC HEALTH, COLUMBIA UNIVERSITY, NEW YORK STATE PSYCHIATRIC INSTITUTE; HAROLD KOPLEWICZ, M.D., DIRECTOR, NYU CHILD STUDY CENTER; PAM CANTOR, M.D., FOUNDER AND PRESIDENT, CHILDREN'S MENTAL HEALTH ALLIANCE

Dr. PFEFFERBAUM. Thank you. I appreciate the opportunity to share with you some of my experiences that might have application to your efforts here. Exposure to trauma occurs directly through the physical presence or indirectly through relationship with victims or through the media. There are no studies of the long-term impact of the Oklahoma City bombing on direct child victims, but research from other disasters indicate that many children who are directly exposed to severe trauma will develop diagnosable psychiatric disorders. Many more will develop symptoms which, while not qualifying for diagnosis, may be disabling. Symptoms typically decrease over time, but in some individuals they persist. That would be particularly true in those children who are most directly impacted or who have the strongest initial reactions. The children of direct victims and of rescue populations in Oklahoma City have been followed clinically, but they, too, have not been systematically studied.

We are currently conducting a study of the long-term impact of the bombing on the adolescent children of Oklahoma City victims, so hopefully by the end of the year we will have some information that will shed light on the developmental services here.

It is remarkable to those of us in Oklahoma City that some victims and their family members are only now beginning to access mental health treatment, seven years after the bombing. Late occurring problems in children may be triggered by developmental factors or by exposure to secondary adversities, such as economic hardship or disruptions in the social support network. In some situations, we simply do not recognize that a late occurring problem which may present as a learning problem or a behavior problem

had its origin in the disaster, or that the disaster aggravated some underlying vulnerabilities or predisposed the child to later problems.

Children in the general community are also likely to experience emotional reactions that have been discussed previously, that is a population in Oklahoma City that has received a great deal of research attention. We were able to document the emotional reactions of children in the greater community and also the reactions of children who live some distance from Oklahoma City.

Perhaps most interestingly, we also documented a small but significant relationship between media exposure and post traumatic stress reactions. Now, it is very important to note that it may be impossible to distinguish the impact of media exposure and the impact of the event itself. It is also true that the positive relationship between media exposure and post trauma stress reaction does not establish a causal connection. It is quite likely that children who are most distressed will be drawn to media coverage and it is also possible that other factors underlie this association.

Parents and other adults tend to underestimate the impact on children. Many impacts are not readily observable. In addition, parents tend to be consumed with many other problems in the face of chaos and disaster such as occurred here and children who may be attuned to the distress in their parents may conceal their reactions to avoid further burdening them. Therefore, it is essential that children be evaluated directly.

In Oklahoma City, most of the services for children were provided in the schools. Schools provided access to children and school-based services minimized stigma and tend to normalize the experiences of children. In addition, teachers and other school personnel are aware of development issues and are natural sources of support for children. It is imperative, however, and I underscore, that school-based interventions not supplant efforts to identify, refer and treat children who have greater needs. Those in need of more comprehensive and intensive services.

The mental health needs of children in the current environment of terror are compelling. We have heard much evidence of that. The goal of terrorism, evident in the word itself, is measured not only in the death and injury of direct victims, in the grief and sorrow of family members, in the wreckage of property or in the disruption of Government, commerce and travel, it includes as well the fear and intimidation that accompany a new way of life for all of us.

Therefore, the mental health implications, and I applaud you for conducting this hearing, must be included in the general response that addresses security, preparedness, intelligence and public health. Thank you.

Senator CLINTON. Thank you very much, Doctor.

Dr. Hoven?

Dr. HOVEN. Thank you, Senators, for inviting me here today. As the principal investigator of the New York City Board of Education study and the primary author of the report entitled "Effects of the World Trade Center Attack on New York City Public School Students, Initial Report to the New York City Board of Education, May 6, 2002," which has been submitted as Appendix one to this written testimony, I am honored to appear before you to discuss

significant implications of our findings and to suggest possible responses by policy makers such as yourselves, who control the resources and have the responsibility to adequately address the current mental health needs of New York City's public school children.

First, however, I want to acknowledge the contribution of the many people who made this groundbreaking study possible. Their individual names appear in the written testimony. Let it suffice here to say this study was truly a collaborative effort by the New York City Board of Education, Applied Research and Consulting, the Centers for Disease Control and Prevention, the Columbia University Mailman School of Public Health, the New York State Psychiatric Institute, numerous expert consultants and of course the brave Superintendents, principals, teachers and students who made this study possible through their participation.

Before presenting our results, I want to put the findings important as our country enters an era of ongoing conflict with potential for future acts of terrorism in our cities and homes, on our waterways and to our power plants.

As in the years following the explosion of the first atom bomb, the youth of America are under new stress, potentially lowering the threshold for the onset of mental illnesses. To better appreciate the complexity and challenges faced by the New York City Board of Education as they struggle to assess this situation, I want to identify a few issues contributed to our conceptualizing the study the way we did, that is, to view the aftermath as a probable citywide phenomena, not just a Ground Zero event.

One, there are approximately 1.2 million children enrolled in the New York City public schools. Two, approximately 750,000 of them take public transportation every day, including subways, buses and boats, passing through tunnels and going over bridges on their way to school.

Three, whereas only 35,000 people reside in the area surrounding Ground Zero, more than twenty times that number commute there to work each day. Similarly, the schools near Ground Zero, especially the specialized middle and high schools are attended primarily by students living outside the area, coming every day from each of the boroughs of New York City. To put this study into context, it is important to also understand the following:

One, 8,266 children participated in the study from public schools located throughout all five boroughs of New York City; the Bronx, Brooklyn, Manhattan, Queens and Staten Island.

Two, classrooms were selected using probability samples, so that every public school child in New York City, in grades four through twelve, had an equal chance of being selected to participate in our study. This is important, as the participants were not self selected and therefore were not biased in the direction of having more problems than the average student.

Most importantly, this methodology allows us to project our findings back to the entire New York City school population, including all students in grades four to twelve, excluding the public education district.

Three, an assessment of mental health problems was conducted six months post 9/11, meaning the disorders do not reflect simply

an immediate post-disaster condition, but a persistent disturbance, a fact which has very significant service delivery implications.

Because I have submitted a complete copy of our initial report, I will only briefly summarize our findings. We observed throughout the City a higher than expected prevalence of a broad range of mental health problems or psychiatric disorders among New York City public school children. It is estimated that as many as 75,000, 10½ percent of New York City public school children, have multiple symptoms consistent with post traumatic stress disorder, PTSD, and that 190,000, 26½ percent, have at least one of the seven assessed mental health problems, excluding alcohol abuse, which we also assessed. Each of the probable psychiatric disorders assessed, not just PTSD, exceeded expected rates, based on pre-9/11, non-New York City community estimates. It is also important to emphasize that the prevalence of mental disorders are elevated throughout the City, the effects not being limited only to PTSD or only to children at the Ground Zero schools.

New York City public school students were exposed to the effects of the attack in different ways. Almost all of students of Ground Zero and two-thirds of children in the remainder of the City experienced some type of personal physical exposure to the attack, such as being near a cloud of smoke and dust, having fled to safety, having had difficulty getting home that day, and/or continuing to smell smoke after 9/11. Having a family member exposed to the attack, that is, having a family member killed, injured or in the World Trade Center at the time of the attack but who escaped unhurt was more frequent in schools outside of Ground Zero than among students in schools near Ground Zero.

We know the previous exposure to trauma elevates an individual's response to any new trauma. We found that nearly two-thirds of the New York City school children had been exposed to one or more traumatic events prior to 9/11, including seeing someone killed or seriously injured, seeing the violent accidental death of a close friend or family member. Again, a disproportionate number of the children with previous exposure go to schools outside the Ground Zero area.

Exposure to the media was also very high. Almost two-thirds of the surveyed population spent a lot of their time learning about the attack from television. For the preliminary report of May 6, 2002 we concentrated on factors that were associated with increased risk for PTSD. Each of the different types of exposures just described, including personal, family, previous trauma and media, were found to be associated with this disorder. However, exposure of a family member and previous exposure to a traumatic experience were more important than personal physical exposure in who developed PTSD. Being younger, female and Hispanic also increased one's risk for the disorder.

According to our findings, one of every seven children, 15 percent, has agoraphobia. Rates for the other psychiatric disorders are as follows: 8 percent with major depressive disorder, 10 percent with generalized anxiety disorder, 12 percent with separation anxiety disorder, 9 percent with panic disorder 11 percent with conduct disorder and 5 percent with alcohol abuse in grades nine through twelve. All of these reported mental health problems were deter-

mined to be associated with impairment, that is, they were so severe as to indicate need for an immediate intervention. Yet at least two-thirds of children with probable PTSD following the 9/11 attacks have not sought any mental health services from school counselors or from mental health professionals outside of school.

We expect to find similar rates of not seeking help for the remaining seven disorders we measured.

Currently we are analyzing the data to understand issues such as depression and bereavement and reasons for possible heightened vulnerability among specific populations, such as Hispanics. It is important to emphasize again that the prevalence of psychiatric disorders are elevated all across the city. Ameliorating these conditions and preventing them from developing into disorders in the future requires actively reaching out to the nearly 1.2 million students enrolled in the New York City public schools.

As a child psychiatric epidemiologist who has spent my career concerned with the delivery of mental health services, I take the liberty to present here an overview of issues that I believe are critical to address the child and adolescent mental health needs identified by the New York City Board of Education study. To effectively address the mental health needs of children and adolescents will require more than isolated and piecemeal actions. However, it is crucial to consider the child mental health services as a comprehensive system of care. That implies recognizing the central role that should be played by the school system, the place where most children can be found and where services can most easily be delivered.

First, about treatment: We may confidently infer that many children have developed a psychiatric disorder as a consequence of what happened on September 11th. The most critical issue facing us today is developing a strategy regarding how do we engage these children in treatment. Children do not ordinarily seek treatment themselves and in the case of internalizing disorders, which are the majority of disorders assessed in this study, parents and teachers may not even recognize them. Therefore, intensive outreach strategies must be employed.

Research tells us that many children as well as parents may also not be receptive to the idea of seeking care for mental health problems. Once children enter services, the next important step is keeping them in treatment, as most children drop out after just a few sessions. Therefore, when treatment issues are considered, we conclude that the school setting may well be the best place to provide mental health treatment since outreach, stigma and service dropout can be handled there more directly. Moreover, the school setting is one of the most important places where education about the possible mental health sequela from terrorism and terrorist attacks can be taught to all children.

I believe the leadership for improving child mental health services must come from the great medical institutions within New York City, which must accept the responsibility for increasing their collaboration with the Board of Education through school-based clinics.

Second, referral and screening, or screening and referral: Children respond best to treatment when a problem is identified and

treated in its early stages. About 25 percent of the children and adolescents presenting with a mental disorder will go on to develop more severe conditions and therefore will be in need of more intensive care. An important percentage of those who passed through their school years without being identified as needing mental health services will go on to a life of pain, anguish and dysfunction, including violent and aggressive behavior towards themselves, others and society in general.

While we are not able to avoid every personal tragedy such as the ones that have become so common in our society today, we can certainly do better through routine screening and treatment intervention. Previous studies have shown that fewer than 50 percent of adolescents with significant treatable mental disorders are correctly identified as having any problem by school counselors and teachers. Similarly, pediatricians correctly identified only 25 percent of those with diagnosable mental disorders. Parents, the most important gatekeepers, like the professionals, tend to identify external sign such as disruptive behaviors, rather than depression and anxiety. There is a need, therefore, to systematically screen and identify the considerable number of students with previously unrecognized treatable mental disorders.

Screening alone, however, is not enough. It must be coupled with the provision of treatment. In the multilingual, multi-ethnic communities of New York City, where 85 percent of the total public school student population is non-white, every effort must be made to insure that culturally competent screening and treatment interventions are available to every student.

Third, education and training: Parents, caregivers and teachers must be taught how to be alert to signs of significant impairment in their children so that the education of parents is integrated into the existing system of care for all children. The media can be a useful partner in this outreach. The interest already exists. Our studies showed that after 9/11, school children dramatically increased their reading of newspapers and magazines and consulted the Internet to learn more about world terrorism. Surely they would want to know more about themselves and their emotions if interesting, engaging material were developed and made available to them.

I must add that the mental health professionals, too, must be retrained to provide state of the art, evidence-based treatments, particularly for those disorders likely to arise in the aftermath of a disaster.

I must say something about the role of schools in mental health services. Every school in New York City already has some kind of mental health service capacity. Although the quality and extent of these services differs considerably. Individual school structure their mental health services differently. For example, some schools have mental health clinics, others have health clinics with a mental health component. Still others schools may provide space where non-school-based mental health professionals can provide interventions, whereas other schools refer their students to the professionals in the community. Strengthening the Board of Education's mental health delivery capacity is extremely important that the schools receive adequate financial support to advance the develop-

ment of school-based clinics. In the existing school system, what is needed first is a better recognition that the educational mission and the mental health agenda are intimately related. A service system that separates them artificially is at best inefficient or can actually do harm by failing to meet the needs of children and adolescents, particularly in difficult times such as these.

Even when the need to provide mental health services in schools is recognized and accepted, the implementation of school-based mental health services faces many difficulties. First, need greatly exceeds capacity. In fact, while all schools have counseling support, fewer than 10 percent of New York City schools currently have a formal on-site mental health clinic. They urgently need help, financial help, to change this.

Implementation of an effective service model is very likely to have broad impact, including the strengthening of the ability of children and adolescents to perform well academically, thus reducing the number of children placed in special education due to emotional disturbance.

In summary, on that new day of infamy, September 11th, 2001, the New York City schools were in full session at the very moment of the attack on the World Trade Center. For most public school students, their first knowledge of this calamitous incident came from their teachers and principals. These messages were carefully scripted and followed guidelines set down by the American Psychological Association and other experts.

In the handling of the immediate aftermath of 9/11, the New York City schools administration, staff and teachers, as well as its 1.2 million student body can justly be proud. A study of the Chancellor's memos, the principals and Superintendents messages and most significantly of all the web pages and activities of students themselves, show clearly the message that the response of the entire New York City community to this crisis of enormous proportions was strong and adaptive. However, we have only just begun to try to understand what this new post-9/11 world means to children and how it will influence their beliefs, behaviors and outlook into the long run.

I have attempted to provide you here with limited, documented evidence of what to date has been a most pernicious and challenging assault on the lives, hearts and minds of New York City's public school children. The study we conducted for the New York City Board of Education is unique in its scope and value, and has alerted us all to the vast unmet mental health need among our city's public school students six months post 9/11. After studying its findings, I strongly believe that an effective and coherent response should be grounded within school-based mental health services which can utilize state of the art screening, assessment and evidence-based treatment approaches.

Specifically, I recommend, one, the development of a flexible mental health system of care for children based on a localized coordination system of clinical responsibility, insuring that each school receive crisis intervention services and support immediately after any future terrorist threats or events.

Two, the development of a comprehensive school-based mental health service system developed in collaboration with all of the

major medical centers, as well as private and public mental health providers in New York City, such that every single school and every individual child has ready access to quality clinical care.

Three, develop a permanent enhancement of school-based mental health resources, including screening and treatment for children and adolescents with persistent needs. It should be noted that this type of therapeutic service is specifically excluded from Project Liberty funding.

Four, establishment of an ongoing research and monitoring agenda to further understand the nature and effects of 9/11 on New York City public school children, to assess if optimal treatment is being provided to those most in need, both today and in the years to come, as the long-term sequela of 9/11 unfolds.

Finally, I must add, that none of the people involved in this study, including myself, from Columbia University, Mailman School of Public Health or from the New York State Psychiatric Institute has received any remuneration for their efforts. However, as I tell my students, being an epidemiologist will not earn you very much money, but if you are lucky, you will have the good fortune to conduct a study that truly makes a difference.

All of us have been proud to do this investigation, humbled by the dedication of the senior administration of the New York City Board of Education, impressed by the strong commitment and efforts of all our collaborators, and very proud that you, Senator Clinton, are taking the leadership to use this information to help meet the mental health needs of New York City's public school children. Thank you for allowing me this time. I am happy to answer any questions.

Senator CLINTON. Dr. Hoven, I have to thank you for that absolutely extraordinary testimony.

[Applause.]

Senator CLINTON. And I am well aware that your written testimony includes many other significant points that place this particular set of issues into the broader context of our failure to provide adequate financing for mental health as well as all kinds of health, and the other related issues that surround this. But I wasn't aware until you just said that you received no remuneration for this ground-breaking work, and it is something that we need to address, because, as Senator Corzine said, if we do not have good work like this on which to base the decisions we make, then we are once again acting on the basis of what we believe or feel or think rather than the evidence, and all too often I am sometimes fond of saying Washington is an evidence-free zone, and the more we can try to fill that evidence-free zone with some real evidence like you have presented us today, the better off we will be.

I am going to ask our next two witnesses to try to summarize their testimony, because Senator Corzine has to leave and he very much wants to hear both of you, and he will want to have some closing comments about New Jersey and answer any New Jersey questions and larger questions as well.

So Dr. Koplewicz?

Dr. KOPLEWICZ. First I would like to thank both of you, Senator Clinton and Senator Corzine, you are great friends of America's kids, and today's Senate hearing is an example of that. I would also

like to thank you for the opportunity to present to you the current public health problem facing children and adolescents throughout the entire New York metropolitan area.

On September 11th, 2001 or world changed and the world of our children changed as well. Nine months later we are trying, and fortunately most of us are succeeding in living with a new sense of normal. A vital part of this adjustment is the realization that our children are now growing up in a very different world from the one we knew. In a single day the illusion of our nation's invincibility was shattered for them. And the overwhelming majority of children are handling that sense of vulnerability. Their parents, other children and teachers can help them handle that eventual outcome. However, a small but significant group of children are at risk.

In New York City groups of children were exposed to trauma in various ways. Hours after the attack the NYU Child Study Center began working with the Chancellor's office of the New York City Board of Education. Within 24 hours of the attack, our faculty prepared and distributed two manuals on helping children and teens cope with this event. First, to public, private and parochial schools in New York City and then educational, medical and religious organizations throughout the nation and on September 12 we met with principals from schools that had been evacuated and then with teachers and eventually with parents and students. In the following weeks we established a child and family recovery program which sent teams of specially trained mental health professionals into schools where children had been evacuated and we continue to work with the schools their families and the school staff.

Working with the Silver Shield Foundation, we have been evaluating and treating any child of a fireman, policemen, Port Authority worker or medical emergency worker who lost their lives on 9/11. And we have committed to being available to these families for the next three years and are conducting the only treatment study that is evaluating the effectiveness of our interventions with these groups.

But I sadly have to tell you nine months later many of these high risk children and teens are getting worse, not better. The needs assessment conducted that Dr. Hoven just discussed suggests we are only dealing with the tip of the iceberg. According to the Surgeon General's Report on Mental Health in 1999, 12 percent of the population 18 and under had a diagnosable psychiatric disorder. With approximately 1.1 million students in New York City public school systems we would expect that 130,000 students would have a mental health disorder. The Board of Education survey estimates that we have nearly 190,000 students with a mental disorder. That means not only are the students with existing problems suffering and at risk for increased difficulties, but it suggests that an additional 60,000 students who are well are now showing significant symptoms due to this horrific event.

Unfortunately, the epidemic does not stop at the City line. Many people who died that day have lived outside of New York City and their families are suffering. Many children in New Jersey schools had a bird's eye view of the attack that day. In addition, the images of the event were repeatedly present on television and available for children everywhere. The bad news is that children who

are suffering rarely identify themselves and usually are silent sufferers, going unnoticed by teachers and parents. We actually have a good idea which children are at greater risk: Those whose parents are symptomatic and those with previous history of trauma. However, that information is generally not known by the educational or medical communities or the general public.

We have a public health problem that is not being addressed. In a public health crisis with physical illness like polio or tuberculosis, we know what to do and we do it. But we have forgotten that we are now 60 years after the first outbreak of polio. Now we are at the first outbreak of the potential psychological epidemic of the aftermath of this terror and that requires us to identify, treat and develop interventions for prevention all at the same time.

First, we must immediately educate the general public, teachers and pediatricians about the signs and symptoms of anxiety disorders, depression and post trauma stress disorder in children and adolescents. This campaign has to include television, radio and print, but it has to have the same type of importance as the AIDS National Education Campaign or the Breast Cancer Awareness campaign and has to be done now. We need to screen every child in the New York metropolitan area. Those who have symptoms will receive a full evaluation and specialized treatment will be made available. That is the same way we would address tuberculosis and we need to train a corps of mental health professionals to provide evidence-based and specific treatments for traumatized children.

Currently, we do not have enough specially trained individuals for this work. LifeNet, which the number you can see all over here, is doing a great job referring patients. However, we need quality control and we must monitor outcomes. We need to know what treatments work so we have more knowledge if this ever occurs again anywhere in our nation. The CDC trains local health care workers when a special outbreak occurs of physical illness. We need their help now to help us with this training and we need a system with fewer barriers. Currently, the FEMA funding is for crisis counseling. We need more flexible funding for evaluation and treatment and for systematic studies to evaluate the best treatments for these children.

The child mental health system was overburdened on September 10th. It is now incapable of adequately addressing the current public health problem that we face and we know that the anniversary of this event will be a difficult day for all of us, but it will reinfect these children who are most vulnerable. A plan of action has to be put into effect now for the weeks surrounding September 11, 2002. Our wish that everything goes back to normal is understandable, however, we are warned almost daily of the potential for future attacks. Those warnings alone are enough to trigger symptoms. This level of uncertainty scares all of us, but it has the greatest effect on the most vulnerable, our children. Therefore, while we all know that we are going to die some day and we take precautions - we try to eat healthy, exercise and avoid too much risk, we go forward and work, love and have fun and most of us do that quite effectively. We want the same for all kids.

While most of them are doing just that, a significant minority is still suffering and if ignored, their symptoms will get worse. They

are at high risk for substance and alcohol abuse, poor school attendance, suicidal thoughts, attention depletion. Their world has changed and therefore the strategy for dealing with these real psychiatric problems has to change as well. Thank you for your attention.

Senator CLINTON. Thank you very much, Dr. Koplewicz.

Dr. Cantor?

Dr. CANTOR. I have to apologize in advance for the state of my voice. Actually, Larry—

Senator CLINTON. I hope that did not happen this morning? Larry Andrews to the rescue. Do you want to add a few points, because I want to ask Senator Corzine to ask questions.

Mr. ANDREWS. Do you want me to read her statement?

Senator CLINTON. Read it or just summarize it.

Mr. ANDREWS. Well, the highlighting of the vulnerability of children in the City and in the region and the nation really needs to have a focus, as several panelists have said on the nature of this as a public health crisis involving the mental health of our youngest citizens.

You heard about the numbers, that 200,000 children have diagnosable trauma-related mental health problems and this situation, because of its scope, demands a public health response. The vast majority of these children have not received any help to date by their own report, so if three quarters of the children do not report getting help inside or outside of the school system despite the heroic efforts of everyone described, so it is a bigger problem than understood.

Dr. Cantor has long written testimony that will be available for the Committee, and I know you will take a look at it. She wanted to focus today on how to move from things we did in the face of an emergency to what we really need to do now in terms of the long-term challenge and reiterates the call for adopting a public health model. In that model, complete information on an infrastructure by which needs assessments, not just for fourth through twelfth graders, but for kids zero based to third grade; screening of the type that Dr. Koplowicz and Dr. Hoven and others encouraged, and ongoing tracking and surveillance system would all be part of what we were doing.

To insure that professionals are properly trained in the psychoeducational supportive and evidence-based treatments, a lot more training is required and a public education campaign to do that as well. The crisis response teams that have been begun in selected school districts can be expanded dramatically.

In her written testimony she describes a lot of work in two districts, District 2 at Ground Zero and District 31 in Staten Island, in which extensive work has been done and could be a model for the future. And it was funded by multiple sources: Federal, state, local, public, private and that sort of consortium of funding is going to be important.

In the immediate aftermath of September 11th the governance and planning structure for the mental health response came from the Board of Education and many people emphasize how important the Board of Education is, in a group called the Partnership for Recovery in New York City Schools. Dr. Cantor believes, and I do too,

that we now have the knowledge in the face of this magnitude and scope to really create new planning and governance structures to address the needs of children both in a public health context and a public education context, a new level of coordination between health and education is required. This structure must include the Board of Education, who has provided great leadership. They must also continue to receive advisory reports, but leadership for the advisory of the mental health approach should resolve with the Mental Health Department of the City. This work should build upon the accomplishments of the first five structures, to incorporate City, State and Federal agencies that already share the responsibility for meeting the needs of mental health of the City's children.

If leadership from the City can bring education, health and mental health together, the challenge in front of all of us to really develop a partnership for recovery of New York's children can happen.

She asks you to end by imagining a health contagion that was affecting 200,000 children in a serious way with many more subclinically affected. If we faced a clinical contagion like that mit would be clear we have no choice but to pool our knowledge, our experience and resources to create a partnership for recovery of New York City's children. There is no other choice for mental health for our children today.

[The prepared statement of Dr. Cantor may be found in additional material.]

Senator CLINTON. Thank you very much for pinch hitting. Thank you, Dr. Cantor.

Dr. HOVEN. I feel compelled to respond to something that was said that is incorrect and I do not want to have you misled about the numbers. The number, approximately 200,000 children having a disorder and needing intervention is only based on the eight disorders, actually, that number is based on the seven disorders. There are approximately 30 disorders that affect children's mental health, so the example that was given about the small discrepancy I think it was 60,000 between what would be expected based on the Surgeon General's report and these data is a true undercount. It only reflects seven disorders out of the 30 possible.

Senator CLINTON. Thank you, Dr. Hoven.

Senator Corzine?

Senator CORZINE. I would take Dr. Hoven's lead, first of all, I want to compliment both you and the Board of Education for the study, but the 200,000 includes kids in the New York City school system. If you took those same studies and applied them to the kids in Jersey City and Hoboken and Bayonne, and other places, or Monmouth County, or those scattered children around the nation that Ms. Salamone talked about in her opening testimony, I think we have far more than 200,000 children impacted by these, but I would certainly love to hear your comments with respect to what you would think if we had that evidence-based analysis for other children in other venues and how far does that reach.

Dr. HOVEN. It is a complicated question, but in fact, people from New Jersey have been meeting with Dr. Michael Cohen at Applied Research and Consulting and with me about actually doing the study in New Jersey similar to the New York City Board of Edu-

cation. The day after the New York City Board of Education report was released, I was inundated with phone calls from people, particularly from Westchester County where I do a lot of work, and they were castigating me, "What are you doing there in New York City? This is just an artificial border. How can you be looking at New York City, what about us? And what about us? This is not only a phenomenon in the metropolitan area."

I think because of the nature of this disaster which many people have talked about, we are having responses from all over, not only the United States, but all over the world. I have received phone calls from people all over the world, and in fact, tomorrow, for example, the Chilean national television is coming to do a story, and I asked them why, and they said because at about the same time that our data was released, they had done a national survey in the Chilean national schools and they found that the issue that most concerned students was fear that an event like 9/11 was going to happen to them.

We are talking about a worldwide problem, a worldwide perception that terrorism is at all of our doors. It is not just a problem of the metropolitan New York City area that we are here to talk about today, but you as senators, leaders of our country, have to think about the mental health policy that is almost nonexistent for children. We have to do something about mental health policy. We have to do something about parity. We have to do something about supporting research that would give us the kind of data that we need to answer the questions that you have asked. What does it look like here, what does it look like in Indiana? What does it look like pre-9/11, what does it look like post 9/11? We do not know. Research in this area is very, very underfunded. Thank you.

Senator CLINTON. Dr. Pfefferbaum, could I ask you, you mentioned in your testimony that for the first time in seven years some people were coming in asking for services. Did the events of 9/11 trigger that, do you believe or is there some other explanation?

Dr. PFEFFERBAUM. Well, I think there are a number of explanations, but our impression in Oklahoma City certainly our delivery of care much between Oklahoma and New York City, we are very reactive and we haven't thought about this in a new thinking out of the box of how do schools and how do we prepare for instance, for September 11, 2002. We know that is going to be a difficult week for the 1.2 million kids in the New York City public schools, but it is going to be difficult for kids throughout the United States.

Senator CORZINE. I think, first of all, the testimony from all of you dramatically underscores how little we are investing in mental health. Carrying that back to Senator Clinton's first comment before this panel, parity does not hack it, we are just not there with treating these kinds of problems on an equivalent basis with physical illnesses. So I hope that we can get specific suggestions for training the folks that would be delivering these programs. And we need to make sure that we are providing the kinds of dollars and resources to conduct research so that we can move forward in an evidence based effort. Without that, I think we are truly underserving our people, because terrorism is really trying to strike at the psychological well-being of our nation. So, I would like to tear apart

some of the studies, but I think we have got a job to do to get the resources and the focus and the parity that we need on these efforts as well as other efforts of homeland security.

Dr. KOPLEWICZ. Do you think the topic that Dr. Hoven raised about Project Liberty's mission and what it can be used for funding and FEMA using it only for crisis counseling really has to be addressed at some level so that we have more flexibility. These kids need more than just crisis counseling.

Senator CLINTON. Well, in fact, Senator Corzine and I, based on your previously submitted testimony and the work that we and our staffs have done, have put together six points that we would like to try to work on in the upcoming months.

First, to establish an office for the protection of children in whatever the newly created Department of Homeland Security will be, because I think without a specific focus of responsibility for children, their physical well-being, their mental well-being, the technology, the equipment, the vaccines, the antidotes, everything that children need, it will not be a top priority. So that is our first recommendation.

Secondly, we do want to encourage the launching of a children's mental health public education campaign, to get that up and going by the end of June, to do more to link resources up with training of parents, teachers, child care providers and others. We want to include mental health tracking of children and adults in the CDC World Trade Center Registry that was mentioned by the previous panel. We also are going to be advocating for the release of FEMA funds to insure quality comprehensive mental health screening and referral for all New York City school children based on this study, but of course we want to go beyond that. Obviously, Senator Corzine wants to make sure those resources are available in New Jersey. We want to make them available, as we heard earlier, to everyone who would need them and we are going to be working with Mary Ellen Salamone and others who are trying to represent all the families, because really they represent the country, if you will, and the needs that are out there.

We also believe strongly that we should guarantee access to long-term mental health services for victims of terrorism. That would speak to the point Dr. Hoven and Dr. Koplewicz made about the problem in our emergency crisis response-that it is supposed to be short-term. That is what it is designed to do, but clearly, many of these problems have much longer term effects. We want to try to begin to put an emphasis on the terror trauma that can come not only for an event, but from the constant warnings, the media images, some of the other issues that you have raised for us, and a mental health disaster response program between New York and New Jersey which would be regional, could serve as a model for how to go about doing this.

Many of the issues we are looking at now in trying to prepare for future potential attacks on our vulnerabilities have no borders, they cross all borders, and we need to do a better job. We are going to ask the HHS to assist all the states and all of you in working with us to facilitate this better coordination in response to disaster.

So we have six points coming out of this. I know the press and maybe the public has some questions. I am going to invite all the

witnesses from the previous panels who are still here to join these witnesses and Senator Corzine and I on stage. Again, I think we owe a great round of applause to these witnesses.

[Whereupon, at 12:28 p.m., the committee adjourned.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF PAMELA CANTOR, M.D.

The terrorist attacks on September 11, 2001 have highlighted the vulnerability of children and their families, as well as the vital systems on which they depend. We have just heard about how trauma has affected children throughout the city. What we are faced with in New York City is a public health crisis involving the mental health of our city's youngest citizens. Two hundred thousand children in the city meet criteria for at least one major psychiatric disorder. Children who are affected by a few to several symptoms those with sub clinical syndromes will number in the thousands and they too are experiencing impairment in their ability to learn and to function positively in their lives.

The majority of these children have not received help of any kind.

In addition, the Needs Assessment demonstrates what literature from other communities facing catastrophes have observed: that is, that the effects are felt in a wide perimeter beyond the geographical area of the event. Children were exposed to this tragedy throughout the region and the nation. They were faced with questions about their personal safety and that of their parents. If they or their parents had exposure to any other traumas or losses in their lives they would be particularly at risk for the onset of new or recurring psychiatric symptoms. The experience that we are having in New York to fully understand the emotional impact of this event on children and families, as well as our schools, will have much to offer other communities in the tri-state region and the nation.

AFTERMATH OF 9/11

From the very first minutes of the terrorist attacks, the Board of Education in New York City recognized the urgent health and mental health concerns that were going to be facing the population of children and families that it serves. It reached out to many local and national figures experts on child mental health issues, trauma, as well as those organizations and communities that had faced catastrophic events before. In a short time it became clear that coordination and collaboration were going to be essential tasks to bring about an effective response to an event of this scale. In many instances this meant a series of often uncomfortable "arranged marriages" among scientists, clinical providers, community organizations, and funders. Competitive issues had to be overcome for the benefit of children and to accomplish this the Partnership for Recovery in the New York City Schools was established. With the Children's Mental Health Alliance, a non profit organization in New York playing the facilitating and coordinating role, institutions such as the National Center for Children Exposed to Violence at the Yale Child Study Center, Columbia University School of Public Health, NYU Child Study Center, the Department of Public Health, the Office of Mental Health, Mt Sinai Medical Center, Jewish Board of Family and Children's Services, Saint Vincent's Hospital, the Center for Social and Emotional Learning, Applied Research and Consulting and many many others joined with the Board of Education to develop and implement the Partnership Mission.

The goals and progress of the Partnership to date have included:

Goal:

Identifying the needs of different populations of children throughout the city using the scientifically valid screening instrument which has been developed by the Partnership.

Progress: Separate testimony is being provided about the Needs Assessment study conducted by Applied Research and Consulting (ARC), Columbia University School of Public Health, and the New York State Psychiatric Institute.

The report written from the Needs Assessment data allows all of us to better understand how children have been affected, and guide us in making thoughtful and appropriate decisions about how to meet those needs and how to allocate resources. The report makes a powerful case for a coordinated, broad-based response to a public health crisis involving the mental health needs of our children. In the NYC Public Schools alone, there are an estimated 200,000 children whose daily functioning is impaired by mental health issues.

Goal:

Develop the capacity of the New York City schools to meet the short and long-term emotional needs of its children.

Progress: a pre-K through 12th grade Social Emotional/Health Education curriculum, in addition to a related series of training manuals is in development stages. Some of this curriculum developed by the Partnership will be available as a resource to schools as early as September in the form of September 11th Anniversary related

guidelines, training manuals, and related education/trainings (awareness sessions to ongoing technical assistance). These materials are intended for use by educational administrators, school security officers, parent leaders, and heads of after-school settings who want to create safer, and more responsive settings that foster learning with an attunement to children in distress in particular. Social and Emotional Education can increase the resiliency of children and reduce risky behaviors.

Goal:

Improve the process by which schools respond in times of crisis enhancing the mechanisms for a coordinated and effective response. Crisis response model should incorporate critical partnerships between schools and mental health providers, law enforcement, and other community based services and organizations.

Progress: As of this past Friday, Dr. David Schonfeld and his team from the National Center for Children Exposed to Violence at Yale (NCCEV) have completed their training calendar for this school year. All NYC BOE Superintendents, district offices and 12 school district crisis teams have now received training in the NCCEV model for school system crisis response.

These trainings have begun to lay the groundwork for a system-wide architecture of crisis response which will allow schools, districts and the central office to manage crisis situations in a more effective, consistent, and integrated manner. Crisis response teams are instructed in an organizational model which delineates team structure and roles. The training team also provides information on staff support and bereavement issues.

These trainings have offered an opportunity for district and school level personnel to create partnerships and develop networks in surrounding communities to efficiently implement crisis response. School level teams have been asked to identify local mental health providers with whom they wish to partner and invite them to the trainings. Representatives from the NYPD, who play a crucial role in crisis response and school safety, also attended the training sessions in an effort to strengthen their partnerships with districts and schools.

In addition to the team trainings, a Citywide Crisis Response Steering Committee met throughout the school year on a monthly basis. The steering committee met to address system-wide crisis response policy (e.g., revising the School Safety Plans to incorporate mental health representation), facilitate implementation of the training schedule, and discuss city-wide crisis issues such as the plans for the one year anniversary.

Goal:

Coordinate an effort to guarantee that the children who are affected by a catastrophe have access to appropriate clinical interventions. This will include a review of best practices and models for working with children and staff following a disaster.

Progress: The Partnership is creating a comprehensive database of mental health resources currently working with or willing to work with schools, after-school programs, and other child-serving organizations. This information is being collected from various data sources and detailed interviews with District Superintendents, Principals, and Pupil-Personnel Directors about the relationships they have or want to have with mental health providers and community-based organizations. This database will be district specific but in and of itself will not guarantee access to care. A major effort will need to take place to facilitate new relationships between these resources and schools, as well as to strengthen existing ones. There are many hurdles to the actual utilization of mental health services that will need to be overcome. The mapping process has begun in three pilot school districts.

The Partnership is committed to creating a multi-layered approach to meeting the mental health needs of children. In the immediate aftermath of September 11th, members of the Partnership met with The New York Times 9/11 Neediest Fund. This collaboration resulted in the initiation of The Times' Strength in Schools program, which issued immediate grants to three providers that had pre-existing relationships with the schools in and around Ground Zero and additional grants to other districts. Through funding by The New York Times, augmented direct services have been provided in Districts 1, 2 and 31. Plans are underway to expand the list to include District 6 and 27.

A NEW PUBLIC HEALTH MODEL

Using a public health model to look at mental health need we can view the children of our city and region have been exposed to a serious toxin. The Needs Assessment has told us how children were affected, the disorders that resulted, the levels of severity, the numbers of children affected, and the pre-existing conditions which increase the vulnerability of children. We know this by means of the study's methodology. The presence of a representative sample of New York City Public School

Children grades 4-12—allows us to make inferences about children throughout the city. This study has confirmed what many professionals feared in terms of the very large numbers of children affected and the very large numbers of children who have not received help. The mental health infrastructure before September 11th was not sufficient to meet the pre-existing needs which existed. This infrastructure has suffered serious erosion in recent years. Both school-based and community based resources are now faced with a demand and an urgency which has never been greater.

From the point of view of the Needs Assessment there is still information missing. We do not know about children K-3rd grade. We do not know about children who are not in the public schools and we do not know about children under the age of 5. In addition, school staff that have also experienced multiple traumas (plane crash, bioterrorism, etc.) have not been assessed. This work must be done.

The information the Needs Assessment does not give us it does not tell us which children are suffering. This is a very complicated problem from many dimensions. Children exposed to trauma are not easy or obvious to identify. They often do not stand out in a classroom and at home, the initial subtle changes in their behavior may not be noticed especially by parents who are suffering themselves. Even programs designed for aggressive parent and staff outreach will not identify all of these children. In a public health model screening is essential to identify these children and to insure their access to treatment. Screening has not been done on any appropriate scale in New York following this event. There are many examples that we can draw upon in which public health issues, such as HIV, were dealt with (e.g. confidentiality of carriers, the confidentiality of partners and a parent's inalienab le right to decide upon treatment for their children). Screening of children to identify cases and provide proper treatment must be done. The cost of not doing it will be huge and risky in terms of the serious impairment and suffering children will endure. Children with untreated depressive and anxiety disorders as well as PTSD are at much greater risk for self destructive and other risk taking behaviors.

In addition to screening children, there must be a methodology for tracking the outcome of interventions. Only through an ability to track can we see the effectiveness of what we are doing and make modifications along the way. Contagious diseases like TB or sexually transmitted diseases have had the benefit of ongoing government surveillance through the Department of Health. Using care and great sensitivity to confidentiality, it has been possible track what happens to people who have been exposed or who have these conditions. The mental health emergency which exists among our young people carries enormous risks for them and those around them. The same kind of public health surveillance should be carried out for mental health issues.

PUBLIC EDUCATION—PRIMARY PREVENTION

Mental Health issues still labor under a tremendous burden of stigma which hinders access to treatment. This is even more the case when children are affected. Parents do not want to have their children labeled as having a psychiatric illness. In a city where 175 different languages are spoken reflecting huge cultural diversity, the obstacles to access to treatment grow larger. In situations like September 11th, many people regard whatever reaction they are having as not indicative of a mental illness, but rather a normal response to a highly abnormal stress. For all of these and many other reasons, a public education campaign which reaches out to parents and children helping them to understand what they are feeling, when they may need additional help and what can be done about it is crucial to insuring access to services.

Even if we are successful in the daunting task of increasing our capacities to offer mental health services we will need to make an equally huge effort in insuring that these services are offered in a way which is "user-friendly" and culturally acceptable or they may not be utilized.

The Mental Health Association of New York City is working with its partners in the community, local government and private philanthropic organizations with the vision of a collaborative city-wide, multi-dimensional public education campaign promoting mental health for children and families. There are currently two campaigns under development. The first is a broad scale children's mental health "anti-stigma" print campaign. The other campaign is a disaster-related public education campaign focusing directly on how the events of 9/11 impacted children ages 14 and under, and speaks directly to parents and adult caregivers.

PREVENTIVE SERVICES/HEALTHY SOCIAL EMOTIONAL DEVELOPMENT

School and home can and need to be places where students can learn to face the tests of life. The Partnership for Recovery in NYC Schools, The New York Academy

of Medicine and the Center for Social and Emotional Education (CSEE) are now developing a five-year educational/ training plan to:

Develop a pre-K through 12th grade Social Emotional/Health Education curriculum and related series of training manuals, educational forums that will range from introductory awareness sessions to ongoing technical assistance.

Synthesize and create guidelines, the creation of training manuals and related education/trainings (awareness sessions to ongoing technical assistance) for educational administrators, school security officers, parent leaders, and heads of afterschool settings who want to create safer, more caring and responsive settings that foster learning in general and an attunement to children in distress in particular.

Organize SEL/Child Development Resource Center. This Resource Center will be web-based and/or available on CD-ROM

Supporting, educating and nurturing the healthy social and emotional development of children promotes academic success, reduces violence and increases the ability to recognize others in distress. It is one of the most powerful tools that we have to promote the recovery from traumatic events and enhance resilience.

EDUCATION IN TRAUMA TREATMENT

There is a body of knowledge of evidence-based practice available to us for preventing and treating the disorders which people experience following a trauma. Much more needs to be done to create a knowledge base about effective practices, especially with younger children. Across the country organizations like the National Center for Child Traumatic Stress, The National Center for Children Exposed to Violence at the Yale Child Study Center and here in New York the Consortium for Trauma Treatment and Safe Horizon have begun the work of training many different kinds of professionals in trauma and grief treatment. There needs to be a huge expansion of training in effective models of treatment for school based as well as community based professionals. If professionals working in all different kinds of settings received training in their abilities to identify affected children, provide psychoeducational supports to children, staff and parents (which in many instances will be a sufficient treatment) and where appropriate, provide more extensive treatment, our true capacity for addressing trauma-related mental health problems would be greatly increased.

CAPACITY OF MENTAL HEALTH SERVICES

The first objective in augmenting the capacity to prevent and treat the mental health problems associated with trauma, is the creation of a multi-layered continuum of settings in which children in distress will be reco gnized and identified, receive supportive and counseling services and where it is appropriate, receive longer term treatment. The first layer might be schools, after-school programs, Project Liberty Sites. At this layer the conditions for success would be the ability to correctly identify a trauma related mental health problem, to provide immediate counseling support to child and family, to provide a correct referral to a setting appropriate and acceptable to a child and family for more in- depth evaluation and treatment.

To establish the second layer a comprehensible system of resources to schools or Project Liberty providers as well as to families directly a massive organization and coordination task is ahead to insure access.

KEY ELEMENTS OF SUCCESS

Over the last several months through the work of the Partnership, we have begun to understand some of the many problems and potential solutions to the mapping and linking of resources. The conditions for success rely upon three key components:

District leadership at the Superintendent and Principal level

Provider Leadership

Strong Leader for Coordination and Collaboration

In the districts where we have worked, which include Districts 1,2,6,27 and 31 there are models in which the success achieved so far in meeting the demand for mental health services is being significantly affected by the presence or relative absence of one or more of these factors.

Among the more successful examples are District 2 and 31. In these districts there has been very strong leadership at the district level and very active involvement of this leadership in mental health issues. In District 2, which is in Ground Zero, there is also strong Provider Leadership. The NYU Child Study Center, Saint Vincent's and the Jewish Board for Family and Children's Services as well as a visionary funder in the New York Times 9/11 Neediest Fund, which augmented the funding for services already received through FEMA and Project Serve, are an ex-

ample of a public private financial and service partnership which supported the many needs of teachers, parents and children in that area. In District 31, the accomplishments were led by the work of Dom Nigro, Director of Pupil Personnel Services, who created the District's own network of four providers to address the needs of the largest number of children who had lost at least one parent and the needs of many staff members who had losses as well.

In many other districts the leadership and organization from the superintendents and principals less effective. They may not regard mental health as a priority or do not feel they have ability to establish relationships with providers and community based organizations. The central leadership at the Board of Education has made crisis response, safety and preparedness an absolute priority and now with the Crisis Trainings being conducted by the team from the National Center for Children Exposed to Violence, under the leadership of Dr. Steven Marans, they have firmly put health and mental health on the school safety map.

But from there, the linkages to mental health service providers and other types of mental health supports are not reliable at best and non-existent at worse. There is an opportunity and a challenge to take a system which has itself been traumatized and build

a coordinated network of mental health resources and community resources with strong active relationships to our schools. Because future trauma cannot be anticipated and we are told every day that we may expect more, the rapidity with which this type of stable structure is established is of critical importance to the restoration of safety.

Capacity cannot be increased overnight. One of the simplest and fastest ways to increase capacity is to strengthen, coordinate and better use what we already have.

This can be done with the creation of a properly designed and conceived resource map, a coordination team whose exclusive job is to develop the relationships between potential community resources, the district leadership and the schools and the kind of outreach, advocacy and public education campaign that insures access to these services.

The work in progress on district resource mapping and relationship-building:

Based on information gathered from our pilot work the following strengths and limitations of the Districts are apparent:

The key limiting factors in some Districts include:

Overwhelming need for children's mental health services

Limited capacity and overburdened staffing (in both school and community)

Only the most severe behavioral cases get addressed

Inability to assess and identify children at risk

Limited understanding of school community mental health needs

Inadequate funding

Insurance caps on service provision limit effectiveness and outreach

Shortage of culturally sensitive services

Absence of focus on primary prevention strategies

Stigmatization of mental health

The positive factors found in some Districts include:

Focus on social and emotional health of children as a component of academic success

Administrative buy-in on district and school levels

Staff development, training, and support for identifying at- risk behaviors

Established, effective relationships with community mental health providers

Active school-based health and social service centers

GOVERNANCE, PLANNING AND COLLABORATION

In the immediate aftermath of September 11th, the governance and planning structure for mental health response came from the Board of Education in the form of the Partnership for Recovery in the New York City Schools. With the knowledge we now have of the magnitude and scope of the mental health crisis facing our city's children, a new planning and governance structure is needed.

To address mental health within a public health context there must be governance and a pla nning structure in which the critical agencies involved in health and mental health are well represented. This structure must include the Board of Education and the Board must continue to receive the advisory support it has had. Responsibility for this new mental health approach should reside within the mental health authority of the City.

This work should build upon the accomplishments of the first collaborative structure but must expand its scope to incorporate the many City, State and Federal agencies that already share the responsibility for meeting the health and mental

health needs of the city's children. Leadership from the City can bring education, health and mental health together working to find an integrated approach to meeting children's health and mental health needs. The challenge to all of us at this moment is to face up to this urgent situation through the creation of the Partnership for Recovery of all of New York City's Children.

If it were know that a health contagion was affecting 200,000 youngsters in a serious way and many thousands more sub-clinically, in a single city, there would be no choice, no alternative than to pool our knowledge, our experience and our resources together to create the Partnership for Recovery of New York City's Children.

ATTACHMENT I

BENEFITS CAN BE EXPORTED TO OTHER COMMUNITIES IN THE REGION AND BEYOND

The Key Elements of a Public Health Model

1. Information Infrastructure
a. Needs Assessment Instruments all ages
b. Screening instruments all ages
c. Tracking and surveillance techniques
2. Crisis Response Training
a. Models available for all communities
3. Prevention/Social and Emotional Learning Curriculum
a. In development stages, will be available to schools and communities across the country
4. Resource Mapping/Advocacy, Outreach and Public Education
a. Once we develop the technique for doing this in NY City, other communities can use it as well
5. Training in Trauma Treatment
a. Many models available now but more work needs to be done to develop age appropriate models for children
6. Continuum of Services
a. Multi-layered model can be replicated in other settings
7. Governance, Planning and Collaboration
a. "The ultimate arranged marriage"

A NEW YORK CITY SCHOOL DISTRICT'S RESPONSE TO THE WTC DISASTER

Good morning, and thank you for the opportunity to discuss this important issue. We all have a story about September 11, 2001. Where we were, with whom, how we felt and what we wished we could do. We all remember the weeks after the tragedy, how we would greet friends and associates tentatively asking, "Is your family okay?" These were our experiences as adults. What were the experiences of children?

This is a question we ask teachers, parents and children. Consistently the answer often includes uncertainty, fear, sadness, anxiety, pessimism, and isolation.

I was asked to come here today to speak about the initiatives that Community School District 31 has developed to address the mental health needs that precipitated from the WTC disaster. Community School District 31 is the largest school district in New York City and the second largest in NY State. Presently, we have 43,719 students. The borough of Staten Island has 5% of New York City's population, yet on September 11th, 28% of the firefighters and police officers that lost their lives were residents of this borough. Two hundred and eighty-five (285) of our students sustained the loss of a family member or loved one. Fifty-four staff members also sustained a similar loss. At one middle school six boys lost their fathers. At one elementary school, 28 children suffered a direct loss. As you can see, our school district is hurting. These statistics do not take into account the other 43,434 students, many of whom are struggling in a post 9/11 world of security consciousness, underlying fear and anxiety. This was made very clear to me when I granted permission for a five-year-old kindergarten girl to change her school. She was fearful that an airplane was going to crash into her school, since it was so large, and it had four stories. We transferred her to a single story school. Her fears were compounded by her concern for her father, who was a firefighter. We see it in the artwork of a second grade boy who writes on his artwork in late March, "I dreamed I fell off a building. Other people were on the building. Someone was coming to save me and the people. She saved the people. She was going to save me last, but I fell off the building." We have many such students. It is our mission to help our children, parents and staff deal with the many emotional and social concerns they now face. Our approach was supported by the recent study completed by Applied Research and Consulting.

It is our challenge to walk the fine line between overwhelming families with services, versus not providing adequate services to meet their needs.

WHAT HAVE WE DONE?

Our first concern on September 11th was that some students would come home to empty homes . . . so we developed a strategy that ensured that all students were released to a family member. We set up two holding areas for students who were not picked up at school or bus stops .their safety was our primary concern . . . by 7:00 pm all students were appropriately released. This was only the beginning. We knew that our strategy had to include interventions for students, parents and staff. We knew this from our work confronting other individual crises, however, the twelve members of the District's Crisis Team would not go far in addressing the needs of all of our fifty (50) schools.

Our approach was divided into three phases. This enabled us to assist children and families in a variety of ways.

PHASE I

Phase I began on September 12th when an assortment of crisis management resources were developed and distributed to all our schools. These materials provided insight into the disaster and the grief process. The materials also provided direction to each school as to how to assist students in understanding the confusion surrounding this disaster. Schools were instructed to use these materials to develop strategies that would address the needs of the children. School teams first developed a plan of action to assist all students, and later a plan to assist individual students who expressed a need. These teams developed age-appropriate lesson plans, met with staff members, and designated a "crisis room" for those students who needed counseling.

On September 13, 2001 Staten Island's problems were compounded by the "lockdown" of the borough due to a report that police were in pursuit of a terrorist that had entered the island via one of the three NJ bridges. This proved to be false, but further inculcated fear and anxiety into our families. Twenty-eight percent (28%) of our students attended school that day. Normally, 93% of all students are in attendance.

PHASE II

During October, Phase II of the District 31 Crisis Plan was implemented in which we partnered with local mental health community-based agencies. Mental health professionals from these agencies were available to discuss any concerns that parents and staff members may have had with respect to their children or any other family members. Mental health professionals met with each principal to get an understanding of the school's needs. They collected information from various sources in order to get an overall picture of the impact of the WTC tragedy at the school. A plan was formed and a schedule developed so parents and teachers could meet with Phase II professionals in a designated space in the school. Referrals were made to the appropriate resources for those students who needed further assistance. The Phase II professionals may return to each school for a follow-up visit at a later date if the school needs further assistance. Materials and resources were made available from The Educators for Social Responsibility (ESR) and the District Office Media Library. Parents contacted principals to find out the dates and times the Phase II professionals were available and appointments were scheduled for those requesting services.

PHASE III

Phase III of the district's response to the WTC tragedy is called Project Cope. This was made possible through our federal SERV funding. Project Cope is comprised of 10 intermediate school guidance counselors who are responsible for counseling all those children in their own schools, as well as elementary schools that have been assigned to them, who suffered a loss of a family member. Project Cope counselors received Crisis Management training and were given the resources necessary to respond to this tragedy.

These counselors began reaching out to their assigned elementary schools in early January. They introduced themselves to staff and the PTA.

The Project Cope counselors contacted those students who suffered a loss, but first they reached out to each of their families.

By February, the Project Cope counselors updated the district database to reflect the number of students in our district sustaining a loss of a loved one.

Further training is taking place during the Spring Term and is being provided by The Educators For Social Responsibility. This training will be for Project Cope counselors and district staff members who are providing grief counseling to our students.

ADDITIONAL INTERVENTIONS

The Office Of Student Services has been in contact with a number of organizations throughout the country that were eager to assist the district's students.

Organizations and school districts donated the following items, which were distributed to students: Sixteen thousand teddy bears, Art supplies, Musical instruments, Gift packages, Survival kits, Professional Sports and Theater Event tickets.

Finally, District 31 received a $100,000 grant from the NY Times to assist our students in the aftermath of the WTC. The NY Times funding will drive an initiative that will:

Provide students in need of academic support with tutoring services during the summer months.

Provide for the development of bereavement training videotape for school staff. The video will give an inside look at how four children have experienced loss in the September 11th attack.

As you can see we have attempted to address as many issues as we can with our limited resources. The public has demonstrated a generosity that is beyond anything I could ever have imagined. Unfortunately, at a time when education budgets are being cut nationwide our school district is lacking the additional resources to effectively confront the unmet mental health needs that our students have developed as a result of the WTC tragedy.

The anniversary of September 11th occurs five days into the new school year. Our challenge is to provide all of our students with the emotional, social and academic support that will insure that they are not re-victimized by our failure to do so. This support will enable them to simply be children, not citizens anxious or fearful about every passing airplane or stranger.

The message we have been trying to impart to our students is one of hope, giving a sense that as the anniversary of September 11th approaches, the situation is different, but we are a stronger and more caring community as a result. One of our second grade students expresses this message in a poem called "Spring":

"The sun comes out
So let's all shout.
The flowers bloom
So, you have to make room.
You can sing a tune
And get ready for June.
Spring has arrived
And you don't have to hide."

Thank you.

TESTIMONY

RAND *After 9/11: Stress and Coping Across America*

Submitted for the Record by authors: Schuster, M. A., B. D. Stein, L. H. Jaycox, R. L. Collins, G. N. Marshall, M. N. Elliott, A. J. Zhou, D. E. Kanouse, J. L. Morrison, S. H. Berry

June 10, 2002

This testimony is based on a variety of sources, including research conducted at RAND. However, the opinions and conclusions expressed are those of the author and should not be interpreted as representing those of RAND or any of the agencies or others sponsoring its research.

For the Committee on Health, Education, Labor and Pensions United States Senate

After 9/11: Stress and Coping Across America

Testimony Submitted for the Record
By authors: Schuster, M. A., B. D. Stein, L. H. Jaycox, R. L. Collins, G. N. Marshall, M. N. Elliott, A. J. Zhou, D. E. Kanouse, J. L. Morrison, S. H. Berry

RAND

For the Committee on Health, Education, Labor and Pensions

United States Senate

June 10, 2002

As survivors of natural disasters, violent crimes, and war attest, people who are victims or witnesses of a traumatic event often experience symptoms of stress, sometimes for years after. But events in recent years have taught us that individuals need not be present at a catastrophic event to experience stress symptoms.

The terrorist attacks that shook the United States on September 11, 2001 were immediately broadcast on TV screens across the nation. Remarkable video footage that showed the events and their aftermath in graphic detail was repeatedly aired after the attacks. Many Americans may have identified with the victims or perceived the unprecedented attacks as directed at themselves as well. Thus, even people who were nowhere near the locations of the attacks might have experienced substantial stress responses.

Some Questions We Asked	
Adults	**Substantial Stress (%)**
Since Tuesday, have you been bothered by:	
Feeling very upset when something reminds you of what happened?	30
Repeated disturbing memories, thoughts, or dreams about what happened?	16
Having difficulty concentrating?	14
Trouble falling or staying asleep?	11
Feeling irritable or having angry outbursts?	9
At least one of the above?	44

(Possible responses were "not at all," "a little bit," "moderately," "quite a bit," and "extremely." Substantial stress was defined as an answer of "quite a bit" or "extremely.")

Children	
Since Tuesday, has your child been:	
Avoiding talking or hearing about what happened?	18
Having trouble keeping his or her mind on things and concentrating?	12
Having trouble falling or staying asleep?	10

Losing his or her temper or being irritable?	10
Having nightmares?	6
At least one of the above?	35
Worried about his or her safety or the safety of a loved one?	47

(For children, stress was defined as a response of "yes" on a two-point scale ["yes," "no"]).

Our Survey

We assembled a team of researchers who designed and conducted a telephone survey of a nationally representative sample of U.S. households three to five days after the attacks. The purpose of the survey was to determine the immediate reactions of adults to the events and their perceptions of their children's reactions. Our primary goal was to learn whether people around the country experienced symptoms of stress at rates anywhere near those of people who lived within close proximity. In addition, we hoped to learn something about how people coped with their reactions.

Most Adults and Many Children Showed Signs of Stress

Ninety percent of the adults surveyed reported experiencing, to at least some degree, one or more symptoms, and 44 percent of the adults reported a substantial level of at least one symptom of stress (see box, "Some Questions We Asked"). While those closest to the sites of attack had the most substantial stress, respondents throughout the country, from large cities to small communities, reported stress symptoms: 36 percent of respondents over 1,000 miles from the World Trade Center reported substantial stress reactions, compared with 60 percent of those within 100 miles of the site.

Studies have shown that children who were exposed solely through television to such horrifying events as the Challenger disaster, the Oklahoma City bombing, and the Gulf War experienced trauma-related stress reactions. We found that children were also profoundly affected by the events of September 11. Thirty-five percent of parents reported that their children showed one or more signs of stress, and 47 percent reported that their children were worried about their own safety or the safety of a loved one.

The Contribution of Television

Adults watched an average of eight hours of TV coverage of the attacks on September 11, with nearly a fifth of the survey respondents reporting that they watched 13 hours or more. Those who watched the most television reported the most stress.

According to parental reports, children watched an average of three hours of TV coverage about the attacks, with older children watching significantly more than younger ones. Among children whose parents did not try to limit their television viewing, watching more television was associated with having more symptoms of stress.

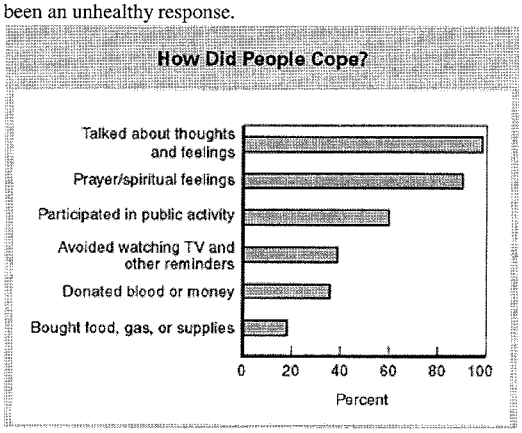
We cannot say whether more TV viewing precipitated higher stress levels. For some people,

television may have been a source of information about the situation and what to do, and therefore may have provided a positive means of coping with stress. Others, especially children, may have reacted to the repeated viewing of terrifying images with heightened anxiety.

Other Ways of Coping

We found that people responded to the tragic events of September 11 in a variety of ways (see the figure). Most people turned to others for social support, and many turned to their religion or another source of spiritual guidance. More than 30 percent donated money or blood, about 20 percent said they began to stockpile things like food or gas, and 60 percent reported participating in group activities like memorials or vigils, which can provide a sense of community.

About 40 percent of people reported avoiding activities (like watching television) that reminded them of the events. Health professionals have tended to regard avoidance as an impediment to the emotional processing needed for recovery from trauma. However, under these unusual circumstances and in the face of continuous TV coverage, avoidance may not necessarily have been an unhealthy response.



Professional organizations like the American Academy of Pediatrics recommend that during crises, parents consider limiting their children's television viewing of the crisis and speak with them about it. Nearly all parents we surveyed spoke with their children about the attacks. More than 80 percent of parents reported talking with their children for an hour or more, and 14 percent spoke with their children for a total of more than nine hours about the attacks. About a third of parents tried to limit the amount of TV news their children watched: Parents of younger children and of children who had more stress symptoms were more likely to limit their children's TV viewing.

What Next?

Studies of reactions to prior crises have shown that for most people with indirect exposure, stress reactions wane with time. However, the unprecedented nature of the events of September 11, coupled with the continued TV coverage and the ongoing threats that have followed, lead us to speculate that the psychological impact may not diminish as rapidly for some people. Reminders of the events may trigger a recurrence of stress symptoms for some. We are now performing a follow-up survey to assess how people's initial responses have changed with time and to what extent individuals' immediate responses predict later symptoms.

Because interventions are most effective when begun soon after the precipitating event, we hope to identify early signs that children--or adults--need help and ways to respond to their needs. We also hope to identify activities that proved to be positive coping responses. Providing clinicians, clergy and other spiritual leaders, employers, teachers, school counselors, and others with this kind of information should enable them to respond quickly, as soon as symptoms appear, and guide people to more positive ways of coping in the event of further disasters of this magnitude.

This testimony summarizes RAND research reported in the following publication:
Schuster, M. A., B. D. Stein, L. H. Jaycox, R. L. Collins, G. N. Marshall, M. N. Elliott, A. J. Zhou, D. E. Kanouse, J. L. Morrison, S. H. Berry. "A National Survey of Stress Reactions After the September 11, 2001, Terrorist Attacks," *New England Journal of Medicine,* Vol. 345, No. 20, November 15, 2001, pp. 1507-1512.

THE MENTAL HEALTH IMPACT OF THE SEPTEMBER 11 TERRORIST ATTACKS ON NEW YORK CITY'S CHILDREN

Written testimony for a field hearing on the needs of children affected by the September 11 terrorist attacks

June 10, 2002

The New York Academy of Medicine
1216 Fifth Avenue
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THE MENTAL HEALTH IMPACT OF THE SEPTEMBER 11 TERRORIST ATTACKS ON NEW YORK CITY'S CHILDREN

EXECUTIVE SUMMARY

Data drawn from a random-digit dial telephone survey of adult residents of New York City carried out between January 15-February 21, 2002 by The New York Academy of Medicine.

427 parents were interviewed about their children (4-17 years of age).

54.5% of children were male, 33.7% were African-American, 27.1% Hispanic, 33.0% Caucasian, and 6.2% other race/ethnicity.

16.4% of children lived in Manhattan, 15.9% in the Bronx, 34.0% in Brooklyn, 26.0% in Queens, and 7.7% in Staten Island.

54.8% of children had siblings, 28.8% lived in a household with an annual income of less than $30,000/year, 37.2% lived in an unmarried household.

4.7% of children did not have health insurance coverage.

CHILD BEHAVIOR AFTER SEPTEMBER 11

24.1% of 6-11 years olds and 24.7% of 12-17 year olds had behavior or emotional problems in the 4 months after September 11.

Factors that were associated with behavior/emotional problems in 6-11 year old children in the first 4 months after September 11 were: being African-American, living in a household with an income of less than $30,000/year, living in an unmarried household, and living in Manhattan.

Factors that were associated with behavior/emotional problems in 12-17 year old children in the first 4 months after September 11 were: being African-American, living in an unmarried household, and having parents who were involved in the ongoing rescue efforts.

6-11 year-old children who increased their television watching or watched more than 4 hours of

television a day in the week following the attacks were more likely to have behavior/emotional problems.

Parents who reported not knowing how well their children were responding to the September 11 attacks were more likely to report behavior/emotional problems in their children.

Parents with symptoms of post-traumatic stress disorder themselves were more likely to report behavior/emotional problems in their children.

CHILDREN RECEIVING COUNSELING AFTER SEPTEMBER 11

9.6% of children received some form of counseling related to their experiences of the September 11attacks.

Of those children who received counseling, 52.5% received these services in New York City schools.

Factors that were associated with children receiving counseling after September 11 were: being African-American, living in an unmarried household, having seen the September 11attacks in person, having increased television watching in the week following the attacks, and parents experiencing symptoms of mental health problems.

IMPLICATIONS

Parental mental health is a determinant of parental assessment of their children's behavior and of their children 's receipt of counseling services.

Mental health interventions should be targeted at specific groups of children (especially African-Americans, children in unmarried households, children who saw the event in person, and children of parents who were involved in the rescue efforts) who were more likely to have behavior/emotional problems after September 11.

Increased television viewing by children in the week after September 11 was associated with behavior/emotional problems and with children's receipt of mental health counseling.

TESTIMONY

Thank you for the opportunity to offer written testimony for a hearing about children's mental health after the September 11terrorist attacks. This report summarizes findings from an ongoing study of parents and children (ages 4-17) in response to the September 11 terrorist attacks. It is being carried out by researchers at The New York Academy of Medicine including: Jennifer Stuber, Ph.D., Gerry Fairbrother, Ph.D., Sandro Galea, M.D., M.P.H., and David Vlahov, Ph.D., in collaboration with Betty Pfefferbaum, M.D, J.D., in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center.

Background

This study addresses four major questions which are central to children accessing needed mental health care services and to understanding how children are responding to the September 11 attacks: 1) To what extent are parents able to accurately assess their children's need for mental health care services? 2) What is the impact of parent's reactions to the September 11 attacks on their children? 3) What is the prevalence of children receiving counseling services in New York City (NYC) and who is providing these services? 4) What are the determinants of whether children receive counseling services?

In this testimony we focus on the results of a survey of 427 parents four months after the September 11 terrorist attacks. We describe factors associated with children experiencing behavior and emotional problems as well as the prevalence and determinants of children

receiving counseling services. Studies about children's mental health in the general population following disasters are rare; most published research deals with children of victims or children who were otherwise directly affected by disasters. However, because the September 11 terrorist attacks were unprecedented in our nation's history and were followed by a series of terrorist threats both on U.S. soil and abroad, it is important to look at the impact that these events are having on children in the general population. Broader epidemiologic studies can help planning for more effective delivery of mental health care services needed now and in the future. Children in NYC may be particularly at risk for mental health problems after the September 11 attacks both due to their geographic proximity to the attacks and due to the subsequent ongoing reminders of the attacks. It is also important to understand parent's perceptions of their children after the September 11th attacks. Parents are often important facilitators of children accessing health care services and parental mental health itself may be an important determinant of children's mental health.

The information provided by this study is complementary to the recent study by Hoven CW, Duarte, CS, Wu, P, Lucas, CP, Mandell, DJ, Musa, GJ & Rosen C., which looks at the effect of the September 11 attack on New York City Public School students. Their study measures both the prevalence of mental health conditions among NYC public school children as well as the determinants of these disorders. Our ongoing study will complement these data by examining how parents' reactions to the September 11 attacks affect their children's mental health. Ascertaining the accuracy of parent's assessments of their children's mental health care is pivotal to children receiving mental health care services. We also quantify the mental health services received by children in the aftermath of the September 11 attacks and assess the determinants of mental health service use.

Methods

We conducted two population surveys and are in the process of completing a third. The first survey was carried out between October 15-November 16, 2001, and the second survey was carried out between January 15-February 21, 2002. Data collection for the third survey, an assessment 6-8 months after the September 11 attacks, will be completed in the coming week. To provide a rapid needs assessment in the areas most likely to be affected by the September 11 attacks, the sampling frame for the October survey was adult residents (18 years of age or older) of Manhattan living south of 110th Street. The sampling frame for the January survey included all adults in NYC with an over-sampling of residents of Manhattan living south of 110th Street. For the third survey the sampling frame was all adults in NYC and surrounding counties in NJ and CT with a high proportion of residents commuting to NYC. In all three surveys adults who are parents were asked an additional set of questions about a focal child in their household selected at random. We asked 112 parents about their children in the October survey and 427 parents about their children in the January survey. For the third survey we anticipate a sample of approximately 550 parents. In this testimony we will focus on emerging results from the January survey.

The surveys were conducted in both English and Spanish. We assessed: biographic/demographic information (age, race/ethnicity, gender, yearly household income, education, and marital status); proximity to the disaster site (where the respondent was living prior to September 11 and where the respondent was upon hearing about the September 11 attack), respondent experiences on September 11 (e.g., if the respondents had witnessed the attacks of September 11 or if friends or

relatives were killed during the attacks), parental mental health status (PTSD, major depression, panic attack). Also, we asked parents about their children's disaster event experiences, use of mental health services, behavior since September 11, and PTSD symptoms since September 11th. More detailed discussions of the methods from these surveys can be found elsewhere.[1-4]

Demographics of the study population

More of the children reported on in this study were male (54.5%) than female (45.5%). Children had diverse racial and ethnic backgrounds: 33.7% were African-American and 27.1% were Hispanic. Overall, 15.5% of were age 4-5, 42.6% were age 6-11, and 41.9% were adolescents (age 12-17). Children were distributed across the 5 boroughs of NYC as follows: 16.4% resided in Manhattan, 15.9% in the Bronx, 34.0% in Brooklyn, 26.0% in Queens and 7.7% in Staten Island. The majority of the children had siblings (54.8%) and lived in a household were their parents were married (62.8%). Approximately, 5% of the children in this study did not have health insurance coverage (Table 1.)

Child behavior after September 11

A quarter of children age 6-11 (24.1%), and 24.7% of adolescents were reported by their parents to have a behavior or emotional problem (24.7%). The behavior measure used in this study was used by the National Survey of America's Families (NSAF). It is based on six possible behavior or emotional problems. Children reported to have at least one of these problems were considered in our study to have a behavior or emotional problem. Parents are reporting that their children are behaving better 4 months after September 11 compared to estimates of NYC children based on 1999 NSAF data (Table 2). Published research suggests that parents may give a more generous assessment of their children's behavior after disaster situations.

In analyses stratified by age, several child characteristics were associated with behavior or emotional problems in 6-11 year olds four months after the September 11 attacks. African-American children were 2.4 times more likely to have a behavior problem than Caucasian children. Children living in households where the combined income was greater than $75,000 per year were 3.1 times less likely to have a behavior problem than children living in households with a combined annual income less than $30,000 per year. Children who lived in a household where the parent is not married were 2.6 times more likely to have a behavior problem. The borough where the child lived was also associated with the child having behavior problems. Children who lived in Brooklyn, the Bronx, Queens or Staten Island were less likely to have a behavior problem when compared to children who live in Manhattan (Table 3).

African-American adolescents (age 12-17) were 3.4 times more likely to have a behavior problem compared to Caucasian children 4 months after the September 11 attacks. Adolescents of Hispanic background were 2.5 times more likely to have behavior problems. Adolescents who lived in a household where the parent was not married were 1.7 times more likely to have a behavior problem (Table 3).

In terms of disaster event experiences, children age 6-11 who watched more than 4 hours of television per day in the week after the September 11 attack were 2.8 times more likely to have behavior problems in the 4 months after September 11. Parents who reported that they did not know how well their child was responding to the September 11 attacks were 4.2 times more likely to report that their had child had a behavior or emotional problem. Adolescents of parents involved in the

rescue effort were 4.1 times more likely to have a behavior or emotional problem. Parents who reported that they did not know how well their adolescent was responding to the September 11 attacks were 4.2 times more likely to report that their had adolescent had a behavior or emotional problem (Table 4).

Parents who themselves were having mental health symptoms since the September 11 attacks were more likely to report that their children were having behavior or emotional problems. Specifically, parents having symptoms of PTSD were 5.1 times more likely to report behavior problems in their children age 6-11 and 3.4 times more likely to report behavior problems in their adolescents when compared to parents who were not experiencing PTSD symptoms. Parents experiencing symptoms of depression or who had a panic attack immediately following the September 11 attacks were also more likely to report behavior problems in 6-11 year olds compared to parents not experiencing these problems (Table 5).

Children receiving counseling after September 11

According to their parents, approximately 10% of children received some form of counseling related to their experiences of the September 11 attacks. The proportion of children receiving counseling in Queens was 12.6%, in Manhattan 12.4%, in Brooklyn 9.7% and in Staten Island 6.1%. This difference was not statistically significant. The NYC schools provided the majority of counseling services. Of parents who reported that their child received some form of counseling 52.5% reported that they received it from school personnel (a teacher, school counselor, or school psychologist). African-American children and children living in an unmarried household were more likely to have received counseling. Children who saw the September 11 attacks in person were 4.7 times more likely to have received some form of counseling compared to children who did not see the attacks in person. Children who watched more than 4 hours of television per day were 3.1 times more likely to have received counseling compared to children who watched no television. Also, children who increased their television viewing in the week after the attack compared to the amount of television they watch in general were 1.8 times more likely to have received counseling. Parents who considered seeking mental health treatment for their child prior to the September 11 attacks were 4.7 times more likely to have received counseling. Finally, the children of parents experiencing symptoms for mental health problems were also more likely to have received counseling. In particular, children of parents who had a panic attack immediately following the event were 2.7 times more likely to receive counseling compared to the children of parents who did not experience a panic attack.

Discussion

This study examined behavior and emotional problems in children four months after the September 11 attacks and describes the prevalence and determinants of children receiving some form of counseling services. The extent to which children were directly affected by the disaster in the general population is striking. For example, 6% percent of children age 4-11 witnessed the attack in person and 79% were exposed to the event through television coverage. Indeed, 25% of children increased the amount of time they watched television in the week following the event. Fifteen percent of children had a relative or friend of the family that was killed during the event, 8% had a parent involved in the ongoing rescue efforts and 7% had a parent who lost a job as a result of the attacks.

These results suggest groups that might be targeted for interventions following the September 11 attacks.

Four months after the September 11 attacks, minority children are experiencing higher levels of behavior and emotional problems. This may reflect the fact that minority households were disproportionately affected economically by the September 11 attacks and recent studies that show minority adults have a higher prevalence of mental health disorders following the attacks. Also of import is that children living in Manhattan were more likely to have behavior problems compared to children living in the other boroughs, which may reflect their closer proximity to the event. The children of rescue workers are also experiencing higher levels of behavior problems. This may reflect anxiety in the family about ongoing involvement with the September 11 attacks. Parental mental health is a determinant of parental assessment of children's behavior and of their receipt of counseling services. Parental symptoms and poor parental functioning are risk factors for symptom development in children following exposure to a disaster. These results are similar to findings in other settings that parental attitudes, abilities, and well-being are important for getting children into health care. A growing body of evidence suggests that parental mental health is related to health care decisions that parents make on their child's behalf. Mental health professionals should be aware of the link between parental mental health and the health care decisions that parents make on behalf of their children. Public education campaigns targeted at parents may be helpful to parents in the identification of mental health problems in their children. They may also be useful in raising awareness among parents that their own signs and symptoms of distress may affect their children.

Parents who report that they know how their child is responding to the September 11 attacks are less likely to report that their children are having behavior and emotional problems. One possible explanation is that these children are having fewer behavior and emotional problems because of the discussions they are having with their parents about the event.

Few studies have explored the link between television viewing after a disaster and the impact on mental health problems in children. While longitudinal studies are needed to explore if television viewing causes mental health problems, this study shows an association between the number of television hours watched in the week after the September 11 attacks and behavior and emotional problems 4 months after the event. An increase in television viewing was also associated with the receipt of counseling services. These results suggest that parents may want to limit the amount of television that their children watch in the immediate aftermath of a disaster. The effect of TV viewing was more pronounced in children age 6-11.

Table 1. Demographics of study population (N=427)

Total	n	%
Gender of child		
Male	232	54.5
Female	194	45.5
Age of child		
4-5	66	15.5
6-11	182	42.6
12-17	179	41.9

Race of child		
White	140	33.0
African-American	143	33.7
Hispanic	115	27.1
Other	26	6.2
Child has siblings		
No	180	45.2
Yes	218	54.8
Household income		
< $30,000	123	28.8
$31,000- $75,000	157	36.8
$75,000 +	84	19.7
Marital status of parents		
Married		
Not married	268	62.8
	159	37.2
Child has insurance coverage		
No	20	4.7
Yes	406	95.3
Borough where child lived on 9-11		
Manhattan	70	16.4
Bronx	68	15.9
Brooklyn	145	34.0
Queens	111	26.0
Staten Island	33	7.7

Table 2. Comparison of behavior problems among children in NYC in 1999 based on data from the
National Survey of America's families compared to a separate sample of children in NYC 4 months after September 11attacks

6-11 Year Olds				**12-17 Year Olds**			
New York City 1999 (N=220)		**Sample 2002** (N=182)		**New York City 1999** (N=233)		**Sample 2002** (N=179)	
N	%	N	%	N	%	N	%
Behavioral and emotional problems							
No	146	67.1	274	75.9	149	62.4	272	75.3
Yes	74	32.9	87	24.1	84	37.6	89	24.7
Child does not get along with other kids								
1=often true	9	4.3	5	2.8	9	3.9	8	4.5
2=sometimes true	53	19.9	27	15.0	56	27.8	25	14.1
3=never true	158	75.8	148	82.2	168	68.3	144	81.4

Child can't concentrate or pay attention long								
1=often true	18	6.8	11	6.1	14	6.1	7	4.0
2=sometimes true	76	36.5	35	19.6	76	34.5	34	19.3
3=never true	124	56.8	133	74.3	142	59.4	135	76.7
Child has been unhappy, sad or depressed								
1=often true	2	.8	5	2.8	4	2.0	5	2.8
2=sometimes true	67	29.2	32	17.8	97	43.2	57	32.2
3=never true	159	70.0	143	79.4	133	54.8	115	65.0
Child feels worthless or inferior								
1=often true	2	.9	2	1.1				
2=sometimes true	21	9.8	15	8.3				
3=never true	194	89.4	163	90.6				
Child has been nervous high-strung or tense								
1=often true	10	3.1	5	2.8				
2=sometimes true	54	22.6	27	10.5				
3=never true	156	74.3	149	86.7				
Child acts too young for age								
1=often true	10	4.4	5	2.7				
2=sometimes true	40	17.4	19	10.4				
3=never true	170	78.2	157	86.3				
Child has trouble sleeping								
1=often true					2	.90	7	4.0
2=sometimes true					29	11.8	34	19.2
3=never true					201	87.3	136	76.8
Child lies or cheats								
1=often true					8	4.0	5	2.9
2=sometimes true					59	27.8	37	21.3
3=never true					164	68.1	132	75.9
Child does poorly at schoolwork								
1=often true					15	7.9	9	5.1
2=sometimes true					76	32.8	28	15.8
3=never true					142	59.4	140	79.1

Table 3. Bivariate relation between child characteristics and behavior problems--4 months after the September 11 attacks

6-17 year olds (N=361)		**6-11 year olds (N= 182)**			**12-17 year olds (N=179)**	
Total	n	%	OR	90% CI	OR	90% CI
Gender of child						
Male	197	54.7	-	-	-	-
Female	163	45.3	.65	(.34, 1.24)	1.09	(.63, 1.87)
Race of child						
White	114	31.8	-	-	-	-
African-American	125	34.9	2.43	(1.02, 5.79)	3.36	(1.65, 6.82)
Hispanic	98	27.4	1.89	(.76, 4.73)	2.64	(1.22, 5.71)
Other	21	5.9	5.56	(1.55, 19.93)	1.91	(.55, 6.68)

Child has siblings						
No	185	51.2	-	-	-	-
Yes	176	48.8	1.15	(.56, 2.19)	.79	(.45, 1.37)
Household income						
< $30,000	100	27.7	-	-	-	-
$31,000- $75,000	134	37.1	.68	(.34, 1.33)	.68	(.37, 1.26)
$75,000 +	71	19.7	.32	(.11, .95)	.69	(.33, 1.42)
Marital status of parents						
Married	222	61.5	-	-	-	-
Not married	139	38.5	2.56	(1.35, 4.84)	1.73	(1.00, 2.99)
Borough where child lived on 9-11						
Manhattan	58	16.1	-	-	-	-
Bronx	58	33.2	.22	(.08, .65)	.74	(.28, 1.94)
Brooklyn	120	25.8	.34	(.15, .79)	1.93	(.90, 4.17)
Queens	93	16.1	.24	(.09, .64)	1.38	(.62, 3.06)
Staten Island	32	8.9	.21	(.05, .83)	2.29	(.79, 6.62)

Table 4. Bivariate relation between child disaster event experiences and behavior problems--4 months after the September 11 attacks

6-17 year olds (N=361)		**6-11 year olds (N= 182)**			**12-17 year olds (N=179)**	
Total	n	%	OR	90% CI	OR	90% CI
During the attacks on 9-11 the child was at						
Home	22	6.1	-	-	-	-
School/ daycare	347	93.9	1.90	(.32, 11.19)	2.46	(.67, 8.98)
Child saw 9-11 attacks in-person						
No	324	93.4	-	-	-	-
Yes	23	6.6	2.47	(.57, 10.65)	1.34	(.52, 3.24)
Child learned about 9-11 attacks from a						
Parent	45	13.5	-	-	-	-
Teacher/ other school staff	230	69.1	.89	(.44, 1.81)	1.79	(.74, 4.33)
Other	58	17.4	.74	(.26, 2.17)	1.43	(.50, 4.06)
Child saw parent cry about the 9-11 attacks						
No	230	65.3	-	-	-	-
Yes	122	34.7	1.08	(.57, 2.08)	1.39	(.78, 2.47)
Number of hours per day child watches television in general						
0						
2-4	18	5.1	-	-	-	-
4-8	276	78.6	1.24	(.34, 4.58)	.66	(.25, 1.76)
	57	16.2	2.80	(.65, 12.11)	1.06	(.36, 3.14)
Number of hours per day child watched television in the first week after the attacks						
0	56	16.8	-	-	-	-
2-4	205	61.4	1.24	(.53, 2.41)	1.31	(.61, 2.81)
4-8	73	21.9	2.80	(1.06, 7.13)	1.15	(.49, 2.70)

Increase in TV viewing in the week following the attacks						
No	265	73.4	-	-	-	-
Yes	96	26.6	1.88	(.94, 3.75)	1.24	(.67, 2.20)
Relative or friend killed						
No	313	86.7	-	-	-	-
Yes	48	13.3	.16	(.03, .87)	1.05	(.47, 2.32)
Parent was involved in rescue effort						
No	330	91.9	-	-	-	-
Yes	29	8.1	1.25	(.41, 3.82)	4.06	(1.63, 10.12)
Parent lost job as a result of the attacks						
No	333	92.5	-	-	-	-
Yes	27	7.5	1.39	(.51, 3.75)	2.50	(.85, 7.34)
Parent knows how well child is responding to attacks						
Not well	62	17.6	-	-	-	-
Well	291	82.4	.24	(.11, .51)	.24	(.45, .2.45)

Table 5. Bivariate relation between parental mental health and behavior problems--4 months after the September 11 attacks

6-17 year olds (N=361)		**6-11 year olds (N= 182)**		**12-17 year olds (N=179)**		
Total	n	%	OR	90% CI	OR	90% CI
PTSD since 9-11						
No	325	90.0	-	-	-	-
Yes	36	10.0	5.07	(1.85, 13.91)	3.40	(1.62, 7.11)
Depression since 9-11						
No	326	90.8	-	-	-	-
Yes	33	9.2	5.39	(2.20, 13.17)	.97	(.39, 2.44)
Panic attack on 9-11						
No	286	79.2	-	-	-	-
Yes	75	20.8	2.47	(1.22, 5.01)	2.12	(1.14, 3.91)

Table 6. Prevalence of children living in NYC receiving some form of counseling related to their experiences after the September 11 attacks as reported by their parents (N=427)

n	%	
Child received some form of counseling		
No	386	90.4
Yes	41	9.6
Children receiving counseling by borough		
Bronx	3	4.4
Brooklyn	14	9.7
Queens	14	12.6
Manhattan	8	11.4
Staten Island	2	6.1

Who provided this counseling (N=41)		
NYC schools		
Teacher	6	15.0
School counselor/ psychologist	15	37.5
Healthcare system		
Physician	1	3.0
Psychologist/ psychiatrist	7	17.5
Social worker	4	10.0
Other	3	8
Don't Know	3	8

Table 7. Bivariate relation between child characteristics and if the child received counseling related to the September 11 attacks (N=427)

Total	N	%	OR	90% CI
Gender of child				
Male	232	54.5	-	-
Female	194	45.5	.83	(.48, 1.44)
Race of child				
White	140	33.0	-	-
African-American	143	33.7	2.14	(1.06, 4.33)
Hispanic	115	27.1	1.42	(.65, 3.11)
Other	26	6.2	2.71	(.94, 7.8)
Age of child				
5-6	66	15.5	-	-
6-11	182	42.6	7.13	(1.29, 39.33)
12-17	179	41.9	9.11	(1.67, 49.82)
Child has siblings				
No	180	45.2	-	-
Yes	218	54.8	1.27	(.73, 2.22)
Household income				
< $30,000	123	28.8	-	-
$31,000- $75,000	157	36.8	.90	(.48, 1.69)
$75,000 +	84	19.7	1.50	(.76, 2.95)
Marital status of parents				
Married	268	62.8	-	-
Not married	159	37.2	2.10	(1.22, 3.63)
Child has insurance coverage				
No	20	4.7	-	-
Yes	406	95.3	2.08	(.38, 11.48)
Borough where child lived on 9-11				
Manhattan	70	16.4	-	-
Bronx	68	15.9	.36	(.11, 1.13)
Brooklyn	145	34.0	.83	(.38, 1.79)
Queens	111	26.0	1.12	(.52, 2.43)
Staten Island	33	7.7	.50	(.13, 1.93)

Table 8. Bivariate relation between child disaster event experiences and if the child received counseling related to the September 11attacks (N=427)

Total	n	%	OR	90% CI
During the attacks on 9-11 the child was at				
Home	43	10.1	-	-
School/ Daycare	381	89.9	2.34	(.69, 7.94)
Child saw 9-11 attacks in-person				
No	388	94.4	-	-
Yes	23	5.6	4.71	(2.11, 10.51)
Child learned about 9-11 attacks from a				
Parent	58	14.7	-	-
Teacher/ other school staff	245	62.0	2.39	(1.05, 5.44)
Other	92	23.3	1.54	(.57, 4.16)
Child saw parent cry about the 9-11 attacks				
No	270	66.4	-	-
Yes	140	33.6	1.46	(.84, 2.53)
Number of hours per day child watched television in the first week after the attacks				
0				
2-4	82	20.6	-	-
4-8	236	59.3	1.89	(.87, 4.12)
	80	20.1	3.09	(1.31, 7.31)
Increase in TV viewing in the week following the attacks				
No	319	74.7	-	-
Yes	108	25.3	1.82	(1.03, 3.21)
Relative or friend killed				
No	365	85.5	-	-
Yes	62	14.5	1.77	(.91, 3.44)
Parent was involved in rescue effort				
No	390	92.0	-	-
Yes	34	8.0	1.27	(.51, 3.19)
Parent lost job as a result of the attacks				
No	397	93.2	-	-
Yes	20	6.8	.68	(.20, 2.34)
Considered seeking mental health treatment for child prior to 9-11				
No	382	89.9	-	-
Yes	43	10.1	4.71	(2.48, 8.97)
Parent knows how well child is responding to attacks				
Not well	72	17.3	-	-
Well	345	82.7	1.51	(.67, 3.43)

Table 9. Bivariate relation between parental mental health behavior problems and if the child received counseling related to the September 11th attacks (N=427)

Total	n	%	OR	90% CI
Current PTSD				
No	390	91.3	-	-
Yes	37	8.7	1.96	(.89, 4.32)
Depression since 9-11				
No	383	90.1	-	-
Yes	42	9.9	1.66	(.76, 3.62)
Panic attack on 9-11				
No	337	78.9	-	-
Yes	90	21.1	2.70	(1.53, 4.76)
Increase in alcohol use since 9-11				
No	382	92.7	-	-
Yes	30	7.3	.30	(.06, 1.65)
Increase in cigarette use since 9-11				
No	376	88.7	-	-
Yes	48	11.3	3.43	(1.80, 6.54)

[1] Galea S, Ahern J, Resnick H, Kilpatrick D, Bucuvalas M, Gold J, Vlahov D. Psychological sequelae of the September 11th attacks in Manhattan, New York City. New England Journal of Medicine 2002;346:982-987.
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